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MEDICARE/MEDICAID NURSING HOME INFORMATION

NEW YORK

PART 1

ALBANY TO FARMINGDALE

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

88/89

MEDICARE/MEDICAID NURSING HOME INFORMATION

1988-1989

NEW YORK

Part 1

Albany-Farmingdale

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Washington, D.C. 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 59 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

The Health Care Financing Administration is the Federal agency responsible for the Medicare and Medicaid programs. We have a responsibility to provide the public with a wide range of information about the health care paid for through these programs. This second edition of the Medicare/Medicaid Nursing Home Information report is part of our continuing commitment to provide needed information to the public in an understandable and usable form.

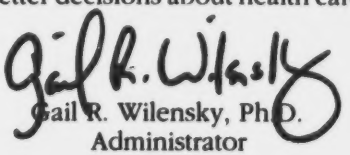
Clearly, nursing homes are an area of critical concern to many Medicare and Medicaid beneficiaries, their families and the public in general. There is no more important area where information is needed to help consumers make informed decisions and to provide the health care community with information on its performance. The information should also be helpful to a wide range of individuals and organizations, including nursing home administrators, physicians, ombudsmen and researchers. Among these audiences, we expect that the nursing home administrator and ombudsman will find the information most useful, primarily as a screening tool to evaluate a facility's strengths and weaknesses. We present this information in the hope that it will serve the public and nursing homes in their common interest of improving quality of care.

As with the 1987/1988 edition of Medicare/Medicaid Nursing Home Information, this publication provides extensive information on individual nursing homes. It also provides background materials on Federal and State enforcement programs. This year we are including information concerning State or Federal compliance actions taken against a facility as a result of either of its last two surveys. Each State has identified a specific organizational contact and phone number for handling public inquiries about any compliance actions. In addition, this year's report includes 2 years of survey results for each of the selected 32 performance indicators. It also contains a list of Federal requirements that each facility failed to meet during its latest survey that most directly affect resident care. This provides a more complete look at the nursing home's recent performance history.

Please keep in mind that the primary purpose of this report is to provide a solid basis for further inquiry. It is neither the final, definitive word on nursing home performance nor a comprehensive guide to the selection of a nursing home. When properly understood and used, this information can be quite valuable; it can also be misleading if interpreted incorrectly. To use the information properly, you should read the introductory material carefully, particularly the sections on uses and limitations and how to read the profiles. These sections will assist you in correctly interpreting and making the best use of the material.

Because we recognize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled "Further Considerations." This section is designed to help individuals ask questions and obtain additional information to assist them in making personal decisions about nursing homes.

We realize that the task of selecting the most appropriate nursing home for an individual's needs is not an easy one. You will find this information to be a valuable source document. We trust that with better information, you will make better decisions about health care issues.



Gail R. Wilensky, Ph.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes the conditions observed in the nursing home at the time of its most recent survey. It includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and

- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and consumer ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers and/or their families might ask in the course of selecting a nursing home.

We expect that nursing homes individually and as an industry will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care rendered by a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

The information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

Finally, the information in this report does not reflect any changes in Federal requirements resulting from recent changes in the law. The new laws and regulations that would affect the content of this report will be effective on October 1, 1990.

DESCRIPTION OF SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) nursing homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. States also pay a share of the cost of surveying facilities that participate in the Medicaid program. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, varies in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the nursing home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home must submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or Agency on Aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State long-term care ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureau, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State/Federal Compliance Actions

A compliance action is any penalty imposed on a facility as a result of its inspection findings. These penalties could include a variety of actions under State licensure laws, such as the imposition of a fine, the revocation of a facility's license, or in the case of a penalty imposed on a facility as a result of a direct Federal survey, a ban on admissions. Given the possible number and types of actions (penalties) available to each State, it is impossible to describe here what specific actions may have been taken against a particular facility. Please see the following State specific information for further details regarding compliance actions available to individual States and how to contact the State survey agency for information about a compliance action in a particular facility. Refer to block 7 at the top of page 1 of each Nursing Home profile to determine if the facility was subject to a compliance action.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
Corning Tower The Governor Nelson A Rockefeller Empire State Plaza Albany New York 12237

David Axelrod M D
Commissioner

OFFICE OF HEALTH SYSTEMS MANAGEMENT
Raymond Sweeney
Director
Brian Hendricks
Executive Deputy Director

Overview of Certification and Enforcement

New York State issues and operating certificate (license), subject to a two-year renewal, to an operator of a nursing home which meets state requirements. The state may take action against a facility for serious violations of the regulations. In such cases New York State Public Health Law allows the state to impose fines, appoint an involuntary receiver or revoke the license of a facility. The state may impose fines up to $1,000 per violation for a one time occurrance, or on a daily basis for continuing violations. In all cases, the primary objective is to obtain correction of the problem, thus ensuring the health and safety of the residents.

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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David Axelrod M D
Commissioner

OFFICE OF HEALTH SYSTEMS MANAGEMENT
Raymond Sweeney
Director
Brian Hendricks
Executive Deputy Director

For Enforcement Action Information or Other Inquiries
CONTACT:

Dr. Mary Jane Koren, Director
Bureau of Long Term Care Services
NYS Department of Health
Empire State Plaza
Corning Tower Building
18th Floor - Room 1882
Albany, New York
telephone - 518-474-2051

Resources Available to Consumers

New York State Department of Health
Office of Health Systems Management
Bureau of Long Term Care Services
Room 1882
Corning Tower Building
Empire State Plaza
Albany, New York 12203
(518) 474-2051

Ombudsman Program - New York State Office for the Aging

The Long Term Care Ombudsman Program investigates and resolves, for nursing home residents, problems that relate to their health, safety or rights, whether those be with the nursing home operator or any private or public provider service. For assistance contact:

The Long Term Care Ombudsman Program
New York State Office for the Aging
Agency Building #2 - 2nd Floor
Empire State Plaza
Albany, New York 12232
(800) 342-9871

Medicaid Fraud and Abuse

To report suspected Medicaid provider fraud or nursing home patient abuse contact:

The New York State Special Prosecutor for
Nursing Home and Medicaid Fraud Control
270 Broadway
New York, New York 10007
(212) 587-5300

To obtain nursing home survey results and/or Consumer Information Summaries contact:

New York State Department of Health
Office of Health Systems Management
The Bureau of Health Facility Coordination
Room 1821
Corning Tower Building
Empire State Plaza
Albany, New York 12237
(518) 474-8306

State Office on Aging

See Ombudsman Program.

Those wishing to make a complaint about an incident of patient physical abuse, mistreatment or neglect in a residential health care facility, may report it to the nearest area Office of Health Systems Management, the address and telephone number of each area office patient care investigation unit are listed below. Reports should be made directly to these offices during the hours of 8:00 a.m. to 4:30 p.m., Monday through Friday. The after-hours, weekend and holiday contact number is (518) 445-9989. Collect calls are accepted at all numbers.

Buffalo Area Office
584 Delaware Avenue
Buffalo, New York 14202
(716) 847-4324

Hauppaugue Office
(Nassau and Suffolk Counties Only)
300 Motor Parkway
Hauppaugue, New York 11788
(516) 231-1880

New Rochelle Area Office
145 Huguenot Street - 6th Floor
New Rochelle, New York 10801
(914) 632-3716

New York City Area Office
116 West 32nd Street - 14th Floor
New York, New York 10001
(212) 502-0814

Northeastern Area Office
Frear Building - 2nd Floor
Fulton & Third Streets
Troy, New York 12180
(518) 271-2680

Rochester Area Office
Bevier Building
42 South Washington Street
Rochester, New York 14608
(716) 423-8086

Syracuse Area Office
677 South Salina Street
Syracuse, New York 13202
(315) 426-7666

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies include:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that the health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The regional AoA offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-2977

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
21st Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 33
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of the OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Regional Manager, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Regional Manager, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Regional Manager, OCR
DHHS Region III
3535 Market Street
P.O. Box 13716
Room 6300
Philadelphia, PA 19101
(215) 596-1262

Regional Manager, OCR
DHHS Region IV
101 Marietta Tower
Room 1502
Atlanta, GA 30323
(404) 331-2779

Regional Manager, OCR
DHHS Region V
16th Floor
105 West Adams Street
Chicago, IL 60603
(312) 886-2359

Regional Manager, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Regional Manager, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Regional Manager, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2024

Regional Manager, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Regional Manager, OCR
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 11
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of the HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
JFK Federal Building
Room 1211
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
26 Federal Plaza
Room 3821
New York, NY 10278
(212) 264-1121

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-6571

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
101 Marietta Tower, Suite 601
Atlanta, GA 30323
(404) 331-2361

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
15th Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-9805

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
1200 Main Tower Building
Room 2000
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 242
601 East 12th Street
Kansas City, MO 64106
(816) 426-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Federal Office Building, Room 1185
1961 Stout Street
Denver, CO 80294-3538
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
75 Hawthorne Street
San Francisco, CA 94105
(415) 744-3679

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2201 Sixth Avenue, Mail Stop RX 42
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State:

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina South Carolina and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VIII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected.
- Ask whether the facility has been surveyed since the survey described in the report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and how much choice residents have as to the time they get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Note how the rooms accommodate individual resident preferences.
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.
- Ask about how the resident or family is involved in care planning decisions.

Food

- Ask at what times meals are served and whether snacks are available. Ask if residents have flexibility about when meals are served and what is served? Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?
- Ask about how individual activity preferences are encouraged and supported by the facility.

Glossary of Terms

Resident Characteristics and Facility Performance Indicators .

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities, and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See Urinary Catheter.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions. Another term for a bowel and bladder control problem is "incontinence."

Respiratory Care. A resident with trouble breathing may need assistance, which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Physical restraints are devices attached or adjacent to the body which restrict freedom of movement or normal access to one's body. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms. Use of drugs to control behavior is often called chemical restraints.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See Bed Sore.

Suctioning. A resident who is unable to cough up fluids or mucous in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving an individual from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
STATESBORO NURSING HOME

Street Address:		City and State:	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

The first 4 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self explanatory
Street Address: Self explanatory
City and State: Self explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities conduct rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private"; these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious - A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private - A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other - A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary - A nursing home operated for profit.

Government - A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

Compliance Action: The information in this block indicates whether or not the nursing home has had any action taken against it by either the State or the federal government as a result of either of the last two inspections. If there is a "YES" in this block, refer to the State specific information in the front of this book for details on specific actions that can be taken against a nursing home and how to contact the State for further information about the nursing home in question. Please note that if a more recent inspection has been conducted, a compliance action may have been revoked subsequent to the publication of this report. Likewise, a more recent inspection might result in a compliance action which was taken after publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	83.0	82.9	82.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing". Following is an explanation of information provided in the profile:

Column 1 - Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 - Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 - State, %: Indicates that, in the State where the nursing home is located, 82.9% of all residents in similar facilities require assistance in bathing.

Column 4 - Nation, %: Indicates that, for the nation as a whole, 82% of all residents in similar facilities require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	5	4.1	232	2.3

The "Selected Performance Indicators," section of the profile tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare and/or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements during its two most recent inspections by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Columns 1 and 2 - Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area. Column 1 shows information from the 87/88 survey cycle. N/A in column 1 means "not applicable" indicating the facility was not participating in the Medicare and/or Medicaid programs at the time of the 87/88 Medicare/Medicaid Nursing Home Information release. Column 2 shows information from the 88/89 survey cycle.

Column 3 - State, #: Indicates that there were 5 similar facilities in the State that did not perform satisfactorily in this area.

Column 4 - State, %: Indicates that the 5 facilities that did not perform satisfactorily represent 4.1% of the similar facilities in the State.

Column 5 - Nation, #: Indicates that there were 232 similar facilities in the nation that did not perform satisfactorily in this area.

Column 6 - Nation, %: Indicates that the 232 facilities that did not perform satisfactorily represent 2.3% of all similar facilities in the nation.

Note: The information in columns 3-6 applies only to the most recent set of surveys.

EXAMPLE

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

The final section of the profile, "Listing of Facility Deficiencies", lists each of the Federal requirements that the facility failed to meet during its recent survey and that most directly affect resident care. A full statement of each requirement is contained in the nursing home survey report form, a copy of which can be found at the end of this volume. To determine the nature of a deficiency, consult the survey report form and match the listed code number(s) with the number(s) located in the left-hand column of the form.

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NURSING HOME PROFILE
ALBANY CO NH

Street Address:		City and State:	
ALBANY-SHAKER RD		ALBANY, NY 12211	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	420	LOCAL GOVERNMENT	01/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
415	14	379

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	378	91.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	408	98.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	400	96.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	405	97.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	363	87.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	59	14.2	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	262	63.1	43.8	39.1
Completely bedfast residents.	20	4.8	1.6	3.2
Residents confined to chairs.	299	72.0	57.9	52.3
Residents requiring restraints.	185	44.6	46.4	40.4
Confused or disoriented residents.	317	76.4	62.7	58.6
Residents with bed sores.	39	9.4	7.3	7.6
Residents receiving special skin care.	195	47.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
ANN LEE HOME

Street Address:		City and State:	
ALBANY SHAKER ROAD		ALBANY, NY 12211	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	175	LOCAL GOVERNMENT	11/18/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
175	0	160

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	122	69.7	63.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	150	85.7	47.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	105	60.0	22.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	38.3	30.8	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	36.0	22.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	2.9	8.6	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	33	18.9	12.0	40.9
Residents requiring restraints.	0	0.0	3.0	30.9
Confused or disoriented residents.	24	13.7	29.7	55.4
Residents with bed sores.	6	3.4	0.8	4.8
Residents receiving special skin care.	6	3.4	13.7	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	2	5.7	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	0	0.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	2.9	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	0	0.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	1	2.9	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.9	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	8.6	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
CHILDS NH CO INC

Street Address:		City and State:	
25 HACKETT BLVD		ALBANY, NY 12208	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	120	NON-PROFIT OTHER	02/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	6	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	79.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	104	86.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	105	87.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	89.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	84.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	60.0	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	58	48.3	57.9	52.3
Residents requiring restraints.	8	6.7	46.4	40.4
Confused or disoriented residents.	66	55.0	62.7	58.6
Residents with bed sores.	5	4.2	7.3	7.6
Residents receiving special skin care.	70	58.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F341

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DAUGHTERS OF SARAH NH CO INC

Street Address:		City and State:	
WASHINGTON AVE AND RAPP RD		ALBANY, NY 12203	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	NON-PROFIT OTHER	01/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
200	31	141

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	196	98.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	190	95.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	176	88.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	190	95.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	163	81.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	90	45.0	43.8	39.1
Completely bedfast residents.	2	1.0	1.6	3.2
Residents confined to chairs.	113	56.5	57.9	52.3
Residents requiring restraints.	130	65.0	46.4	40.4
Confused or disoriented residents.	147	73.5	62.7	58.6
Residents with bed sores.	23	11.5	7.3	7.6
Residents receiving special skin care.	148	74.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051* F179 F204 F208

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EDEN PARK NH

Street Address:		City and State:	
22 HOLLAND AVE		ALBANY, NY 12209	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	210	PROPRIETARY	02/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
206	21	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	188	91.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	194	94.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	194	94.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	196	95.1	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	187	90.8	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	89	43.2	43.8	39.1
Completely bedfast residents.	9	4.4	1.6	3.2
Residents confined to chairs.	143	69.4	57.9	52.3
Residents requiring restraints.	117	56.8	46.4	40.4
Confused or disoriented residents.	137	66.5	62.7	58.6
Residents with bed sores.	14	6.8	7.3	7.6
Residents receiving special skin care.	61	29.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F179 F222 F320 F341

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST MARGARETS CENTER FOR CHILDREN

Street Address:		City and State:	
27 HACKETT BLVD		ALBANY, NY 12208	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF	58	NON-PROFIT RELIGIOUS	07/06/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	57	100	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	57	100	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	100	72.0	69.4
Residents on individually written bowel and bladder retraining program.	57	100	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	96.5	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	57	100	57.9	52.3
Residents requiring restraints.	57	100	46.4	40.4
Confused or disoriented residents.	56	98.2	62.7	58.6
Residents with bed sores.	0	0.0	7.3	7.6
Residents receiving special skin care.	0	0.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
TERESIAN HOUSE NH CO INC

Street Address:		City and State:	
WASHINGTON AVE EXTENSION		ALBANY, NY 12203	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	300	NON-PROFIT RELIGIOUS	05/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
297	18	188

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	190	64.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	155	52.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	141	47.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	174	58.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	125	42.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	15.2	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	79	26.6	57.9	52.3
Residents requiring restraints.	86	29.0	46.4	40.4
Confused or disoriented residents.	131	44.1	62.7	58.6
Residents with bed sores.	18	6.1	7.3	7.6
Residents receiving special skin care.	64	21.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistant.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs in the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
UNIVERSITY HEIGHTS NH

Street Address:		City and State:	
325 NORTHERN BLVD		ALBANY, NY 12204	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	PROPRIETARY	04/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
194	16	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	160	82.5	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	186	95.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	171	88.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	184	94.8	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	155	79.9	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	107	55.2	43.8	39.1
Completely bedfast residents.	1	0.5	1.6	3.2
Residents confined to chairs.	108	55.7	57.9	52.3
Residents requiring restraints.	82	42.3	46.4	40.4
Confused or disoriented residents.	119	61.3	62.7	58.6
Residents with bed sores.	5	2.6	7.3	7.6
Residents receiving special skin care.	193	99.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	29.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F280 F331

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VILLA MARY IMMACULATE

Street Address:		City and State:	
301 HACKETT BLVD		ALBANY, NY 12208	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	160	NON-PROFIT RELIGIOUS	01/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page [illegible] of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
156	8	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	146	93.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	150	96.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	149	95.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	95.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	146	93.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	2	1.3	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	77	49.4	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	144	92.3	57.9	52.3
Residents requiring restraints.	88	56.4	46.4	40.4
Confused or disoriented residents.	126	80.8	62.7	58.6
Residents with bed sores.	8	5.1	7.3	7.6
Residents receiving special skin care.	44	28.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ORLEANS COUNTY NH

Street Address:		City and State:	
ROUTE 31		ALBION, NY 14411	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	132	LOCAL GOVERNMENT	08/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
131	2	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	83.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	112	85.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	95	72.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	77.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	74.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	17	13.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	35.1	43.8	39.1
Completely bedfast residents.	1	0.8	1.6	3.2
Residents confined to chairs.	47	35.9	57.9	52.3
Residents requiring restraints.	73	55.7	46.4	40.4
Confused or disoriented residents.	77	58.8	62.7	58.6
Residents with bed sores.	8	6.1	7.3	7.6
Residents receiving special skin care.	46	35.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

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LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141 F167* F171 F194 F204 F222

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ERIE CO HOME INFIRMARY

Street Address:		City and State:	
11580 WALDEN AVE		ALDEN, NY 14004	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	638	LOCAL GOVERNMENT	06/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
603	88	504

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	575	95.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	497	82.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	431	71.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	532	88.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	450	74.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	345	57.2	43.8	39.1
Completely bedfast residents.	14	2.3	1.6	3.2
Residents confined to chairs.	180	29.9	57.9	52.3
Residents requiring restraints.	433	71.8	46.4	40.4
Confused or disoriented residents.	418	69.3	62.7	58.6
Residents with bed sores.	56	9.3	7.3	7.6
Residents receiving special skin care.	115	19.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIPEMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051* F167*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
E J NOBLE HOSP SNF

Street Address:		City and State:	
FULLER ST		ALEXANDRIA BAY, NY 13607	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	22	NON-PROFIT PRIVATE	10/20/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
22	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	63.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	22	100	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	20	90.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	77.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	27.3	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	17	77.3	57.9	52.3
Residents requiring restraints.	7	31.8	46.4	40.4
Confused or disoriented residents.	20	90.9	62.7	58.6
Residents with bed sores.	2	9.1	7.3	7.6
Residents receiving special skin care.	12	54.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALLEGANY NH

Street Address:		City and State:	
MAPLE AVE N 5TH ST		ALLEGANY, NY 14706	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	37	PROPRIETARY	10/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
37	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	97.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	35	94.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	28	75.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	75.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	75.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	43.2	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	11	29.7	57.9	52.3
Residents requiring restraints.	21	56.8	46.4	40.4
Confused or disoriented residents.	24	64.9	62.7	58.6
Residents with bed sores.	0	0.0	7.3	7.6
Residents receiving special skin care.	0	0.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F208 F212

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEATHWOOD HEALTH CARE CENTER

Street Address:		City and State:	
815 HOPKINS RD		AMHERST, NY 14221	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	05/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
155	20	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	129	83.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	137	88.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	75	48.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	79.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	69.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	38.1	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	52	33.5	57.9	52.3
Residents requiring restraints.	102	65.8	46.4	40.4
Confused or disoriented residents.	106	68.4	62.7	58.6
Residents with bed sores.	23	14.8	7.3	7.6
Residents receiving special skin care.	46	29.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
BROADLAWN MANOR NH

Street Address:		City and State:	
399 COUNTY LINE RD		AMITYVILLE, NY 11701	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	320	PROPRIETARY	11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
317	7	273

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	317	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	265	83.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	256	80.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	317	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	229	72.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	95	30.0	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	192	60.6	57.9	52.3
Residents requiring restraints.	165	52.1	46.4	40.4
Confused or disoriented residents.	160	50.5	62.7	58.6
Residents with bed sores.	7	2.2	7.3	7.6
Residents receiving special skin care.	153	48.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
BRUNSWICK NH

Street Address:		City and State:	
366 BROADWAY		AMITYVILLE, NY 11701	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	94	PROPRIETARY	10/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	6	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	98.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	88	93.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	89	94.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	93.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	94.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	70.2	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	77	81.9	57.9	52.3
Residents requiring restraints.	70	74.5	46.4	40.4
Confused or disoriented residents.	66	70.2	62.7	58.6
Residents with bed sores.	14	14.9	7.3	7.6
Residents receiving special skin care.	94	100	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051* F141 F167*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMSTERDAM MEMORIAL HOSPITAL RHCF

Street Address:		City and State:	
UPPER MARKET ST		AMSTERDAM, NY 12010	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	160	NON-PROFIT PRIVATE	03/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
159	6	126

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	81.8	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	147	92.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	114	71.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	159	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	69.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	33.3	43.8	39.1
Completely bedfast residents.	3	1.9	1.6	3.2
Residents confined to chairs.	96	60.4	57.9	52.3
Residents requiring restraints.	43	27.0	46.4	40.4
Confused or disoriented residents.	78	49.1	62.7	58.6
Residents with bed sores.	6	3.8	7.3	7.6
Residents receiving special skin care.	29	18.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
MONTGOMERY CO INFIRMARY

Street Address:		City and State:	
SANDY DR		AMSTERDAM, NY 12010	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	120	LOCAL GOVERNMENT	08/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	9	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	90.8	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	111	92.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	113	94.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	99.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	112	93.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	35.0	43.8	39.1
Completely bedfast residents.	1	0.8	1.6	3.2
Residents confined to chairs.	76	63.3	57.9	52.3
Residents requiring restraints.	101	84.2	46.4	40.4
Confused or disoriented residents.	85	70.8	62.7	58.6
Residents with bed sores.	5	4.2	7.3	7.6
Residents receiving special skin care.	80	66.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F320 F339 F343 F357

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MT LORETTO NURSING HOME

Street Address:		City and State:	
RD #3 SWART HILL RD		AMSTERDAM, NY 12010	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	82	NON-PROFIT RELIGIOUS	10/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	7	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	95.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	80	98.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	76	93.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	93.8	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	96.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	40.7	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	72	88.9	57.9	52.3
Residents requiring restraints.	45	55.6	46.4	40.4
Confused or disoriented residents.	70	86.4	62.7	58.6
Residents with bed sores.	7	8.6	7.3	7.6
Residents receiving special skin care.	19	23.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
PLEASANT VALLEY INFIRMARY

Street Address:		City and State:	
RT 40		ARGYLE, NY 12809	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	LOCAL GOVERNMENT	11/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	1	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	114	97.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	102	87.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	87	74.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	96.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	58.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	20.5	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	48	41.0	57.9	52.3
Residents requiring restraints.	55	47.0	46.4	40.4
Confused or disoriented residents.	60	51.3	62.7	58.6
Residents with bed sores.	4	3.4	7.3	7.6
Residents receiving special skin care.	21	17.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
LAWRENCE NH

Street Address:		City and State:	
350 BEACH 54TH ST		ARVERNE, NY 11692	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	PROPRIETARY	02/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
197	8	189

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	197	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	185	93.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	166	84.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	84.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	157	79.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	2	1.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	109	55.3	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	163	82.7	57.9	52.3
Residents requiring restraints.	143	72.6	46.4	40.4
Confused or disoriented residents.	168	85.3	62.7	58.6
Residents with bed sores.	19	9.6	7.3	7.6
Residents receiving special skin care.	163	82.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F311 F320

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RESORT HRF

Street Address:	City and State:		
64-11 BEACH CHANNEL DR	ARVERNE, NY 11692		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	280	PROPRIETARY	03/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
263	0	256

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	44.9	63.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	178	67.7	47.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	47	17.9	22.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	37.3	30.8	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	12.5	22.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	15.6	8.6	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	23	8.7	12.0	40.9
Residents requiring restraints.	0	0.0	3.0	30.9
Confused or disoriented residents.	61	23.2	29.7	55.4
Residents with bed sores.	0	0.0	0.8	4.8
Residents receiving special skin care.	25	9.5	13.7	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	2	5.7	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	0	0.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	2.9	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	0	0.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	1	2.9	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.9	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	3	8.6	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
LYDEN NH

Street Address:		City and State:	
27-37 27TH ST		ASTORIA, NY 11102	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	114	PROPRIETARY	02/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
107	33	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	95.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	103	96.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	92	86.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	87.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	83.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	5	4.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	107	100	43.8	39.1
Completely bedfast residents.	8	7.5	1.6	3.2
Residents confined to chairs.	94	87.9	57.9	52.3
Residents requiring restraints.	61	57.0	46.4	40.4
Confused or disoriented residents.	58	54.2	62.7	58.6
Residents with bed sores.	11	10.3	7.3	7.6
Residents receiving special skin care.	13	12.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F197 F204

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AUBURN NH

Street Address:	City and State:		
85 THORNTON AVE	AUBURN, NY 13021		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	92	PROPRIETARY	07/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	1	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	97.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	84	98.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	81	95.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	97.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	97.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	47	55.3	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	54.1	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	37	43.5	57.9	52.3
Residents requiring restraints.	48	56.5	46.4	40.4
Confused or disoriented residents.	73	85.9	62.7	58.6
Residents with bed sores.	2	2.4	7.3	7.6
Residents receiving special skin care.	85	100	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
MERCY HEALTH & REHAB CTR NH CO INC

Street Address:		City and State:	
100 THORNTON AVE		AUBURN, NY 13021	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	297	NON-PROFIT RELIGIOUS	10/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
294	4	250

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	218	74.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	251	85.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	233	79.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	241	82.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	225	76.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	26	8.8	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	108	36.7	43.8	39.1
Completely bedfast residents.	25	8.5	1.6	3.2
Residents confined to chairs.	156	53.1	57.9	52.3
Residents requiring restraints.	107	36.4	46.4	40.4
Confused or disoriented residents.	207	70.4	62.7	58.6
Residents with bed sores.	23	7.8	7.3	7.6
Residents receiving special skin care.	210	71.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F171

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AVON NH

Street Address:		City and State:	
CLINTON STREET EXTENSION		AVON, NY 14414	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	40	PROPRIETARY	02/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	2	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	95.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	38	95.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	36	90.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	90.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	77.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	35.0	43.8	39.1
Completely bedfast residents.	1	2.5	1.6	3.2
Residents confined to chairs.	24	60.0	57.9	52.3
Residents requiring restraints.	22	55.0	46.4	40.4
Confused or disoriented residents.	24	60.0	62.7	58.6
Residents with bed sores.	2	5.0	7.3	7.6
Residents receiving special skin care.	0	0.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
SARATOGA CO INFIRMARY

Street Address:		City and State:	
BALLSTON AVE		BALLSTON SPA, NY 12020	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	277	LOCAL GOVERNMENT	10/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
277	8	253

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	258	93.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	236	85.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	218	78.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	238	85.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	205	74.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	2	0.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	91	32.9	43.8	39.1
Completely bedfast residents.	4	1.4	1.6	3.2
Residents confined to chairs.	100	36.1	57.9	52.3
Residents requiring restraints.	39	14.1	46.4	40.4
Confused or disoriented residents.	119	43.0	62.7	58.6
Residents with bed sores.	14	5.1	7.3	7.6
Residents receiving special skin care.	116	41.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F194 F195

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SYRACUSE HOME ASSN

Street Address:		City and State:	
7740 MEIGS RD		BALOWINSVILLE, NY 13027	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	NON-PROFIT PRIVATE	11/23/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	38.5	63.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	38	48.7	47.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	38	48.7	22.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	39.7	30.8	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	30.8	22.0	59.1
Residents on individually written bowel and bladder retraining program.	3	3.8	2.1	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	7.7	8.6	30.4
Completely bedfast residents.	1	1.3	0.0	2.8
Residents confined to chairs.	5	6.4	12.0	40.9
Residents requiring restraints.	5	6.4	3.0	30.9
Confused or disoriented residents.	24	30.8	29.7	55.4
Residents with bed sores.	2	2.6	0.8	4.8
Residents receiving special skin care.	25	32.1	13.7	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	2	5.7	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	0	0.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	2.9	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	0	0.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	1	2.9	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.9	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	8.6	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
BATAVIA NH

Street Address:		City and State:	
257 STATE ST		BATAVIA, NY 14020	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	62	PROPRIETARY	06/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	5	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	83.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	58	95.1	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	54	88.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	86.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	86.9	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	41.0	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	13	21.3	57.9	52.3
Residents requiring restraints.	28	45.9	46.4	40.4
Confused or disoriented residents.	30	49.2	62.7	58.6
Residents with bed sores.	3	4.9	7.3	7.6
Residents receiving special skin care.	51	83.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GENESEE CO NH

Street Address:		City and State:	
278 BANK ST		BATAVIA, NY 14020	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	160	LOCAL GOVERNMENT	09/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
157	8	137

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	84.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	135	86.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	132	84.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	86.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	77.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	9	5.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	50.3	43.8	39.1
Completely bedfast residents.	2	1.3	1.6	3.2
Residents confined to chairs.	116	73.9	57.9	52.3
Residents requiring restraints.	70	44.6	46.4	40.4
Confused or disoriented residents.	111	70.7	62.7	58.6
Residents with bed sores.	4	2.5	7.3	7.6
Residents receiving special skin care.	68	43.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F280

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST LUKE MANOR

Street Address:		City and State:	
ST WIARD ST		BATAVIA, NY 14020	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	20	NON-PROFIT OTHER	02/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
20	1	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	19	95.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	19	95.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	75.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	35.0	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	7	35.0	57.9	52.3
Residents requiring restraints.	7	35.0	46.4	40.4
Confused or disoriented residents.	10	50.0	62.7	58.6
Residents with bed sores.	2	10.0	7.3	7.6
Residents receiving special skin care.	9	45.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOW'NG DEFICIENCIES IN ITS MOST RECENT SURVEY:

F280

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
IRA DAVENPORT HOSPITAL SNF HRF

Street Address:		City and State:	
BOX 350 RT 54		BATH, NY 14810	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	10/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	0	0.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	100	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	0	0.0	57.9	52.3
Residents requiring restraints.	1	100	46.4	40.4
Confused or disoriented residents.	0	0.0	62.7	58.6
Residents with bed sores.	0	0.0	7.3	7.6
Residents receiving special skin care.	0	0.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
STEUBEN CO INFIRMARY

Street Address:		City and State:	
HAMMONDSPORT RD		BATH, NY 14810	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	105	LOCAL GOVERNMENT	09/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
105	2	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	97.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	102	97.1	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	103	98.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	98.1	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	65.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	2	1.9	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	51.4	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	103	98.1	57.9	52.3
Residents requiring restraints.	27	25.7	46.4	40.4
Confused or disoriented residents.	68	64.8	62.7	58.6
Residents with bed sores.	14	13.3	7.3	7.6
Residents receiving special skin care.	0	0.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F179 F204 F320

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUNRISE MANOR NH

Street Address:		City and State:	
1325 BRENTWOOD RD		BAY SHORE, NY 11706	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	84	PROPRIETARY	12/16/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
84	1	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	95.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	78	92.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	78	92.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	92.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	85.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	60.7	43.8	39.1
Completely bedfast residents.	2	2.4	1.6	3.2
Residents confined to chairs.	74	88.1	57.9	52.3
Residents requiring restraints.	74	88.1	46.4	40.4
Confused or disoriented residents.	64	76.2	62.7	58.6
Residents with bed sores.	5	6.0	7.3	7.6
Residents receiving special skin care.	12	14.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
ST MARYS HOSP FOR CHILDREN

Street Address:		City and State:	
29-10 216TH ST		BAYSIDE, NY 11360	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF	95	NON-PROFIT OTHER	09/19/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	0	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	81.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	74	78.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	67	71.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	76.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	63.8	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	56.4	43.8	39.1
Completely bedfast residents.	1	1.1	1.6	3.2
Residents confined to chairs.	57	60.6	57.9	52.3
Residents requiring restraints.	50	53.2	46.4	40.4
Confused or disoriented residents.	0	0.0	62.7	58.6
Residents with bed sores.	0	0.0	7.3	7.6
Residents receiving special skin care.	34	36.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F320 F339

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FISHKILL HRF

Street Address:		City and State:	
DOGWOOD LANE		BEACON, NY 12508	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	160	PROPRIETARY	05/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
158	0	111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	153	96.8	63.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	90	57.0	47.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	70	44.3	22.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	34.2	30.8	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	45.6	22.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	34.8	8.6	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	46	29.1	12.0	40.9
Residents requiring restraints.	16	10.1	3.0	30.9
Confused or disoriented residents.	65	41.1	29.7	55.4
Residents with bed sores.	2	1.3	0.8	4.8
Residents receiving special skin care.	1	0.6	13.7	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	2	5.7	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	0	0.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	2.9	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	0	0.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	1	2.9	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.9	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	3	8.6	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F052* F168* F217 F219

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ELIZABETH CHURCH MANOR NH

Street Address:		City and State:	
863 FRONT ST		BINGHAMTON, NY 13905	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	105	NON-PROFIT RELIGIOUS	08/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
101	1	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	51.5	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	62	61.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	59	58.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	65.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	57.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	9	8.9	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	19.8	43.8	39.1
Completely bedfast residents.	5	5.0	1.6	3.2
Residents confined to chairs.	32	31.7	57.9	52.3
Residents requiring restraints.	30	29.7	46.4	40.4
Confused or disoriented residents.	53	52.5	62.7	58.6
Residents with bed sores.	3	3.0	7.3	7.6
Residents receiving special skin care.	21	20.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
GOOD SHEPHERD FAIRVIEW HOME INC

Street Address:		City and State:	
80 FAIRVIEW AVE		BINGHAMTON, NY 13904	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	74	NON-PROFIT RELIGIOUS	03/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
69	2	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	53.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	51	73.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	37	53.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	94.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	72.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	20.3	43.8	39.1
Completely bedfast residents.	1	1.4	1.6	3.2
Residents confined to chairs.	8	11.6	57.9	52.3
Residents requiring restraints.	7	10.1	46.4	40.4
Confused or disoriented residents.	29	42.0	62.7	58.6
Residents with bed sores.	2	2.9	7.3	7.6
Residents receiving special skin care.	11	15.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
RIVER MEDE MANOR NURS CTR

Street Address:		City and State:	
159-163 FRONT ST		BINGHAMTON, NY 13905	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	356	PROPRIETARY	12/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
351	12	248

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	312	88.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	329	93.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	295	84.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	331	94.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	270	76.9	72.0	69.4
Residents on individually written bowel and bladder retraining program.	53	15.1	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	120	34.2	43.8	39.1
Completely bedfast residents.	11	3.1	1.6	3.2
Residents confined to chairs.	192	54.7	57.9	52.3
Residents requiring restraints.	181	51.6	46.4	40.4
Confused or disoriented residents.	164	46.7	62.7	58.6
Residents with bed sores.	20	5.7	7.3	7.6
Residents receiving special skin care.	60	17.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	50	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	317	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
SUNSET NH INC

Street Address:		City and State:	
ACADEMY ST		BOONVILLE, NY 13309	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	120	PROPRIETARY	05/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	8	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	94.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	116	98.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	111	94.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	94.1	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	83.9	72.0	69.4
Residents on individually written bowel and bladder retraining program.	21	17.8	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	39.0	43.8	39.1
Completely bedfast residents.	4	3.4	1.6	3.2
Residents confined to chairs.	106	89.8	57.9	52.3
Residents requiring restraints.	34	28.8	46.4	40.4
Confused or disoriented residents.	71	60.2	62.7	58.6
Residents with bed sores.	9	7.6	7.3	7.6
Residents receiving special skin care.	26	22.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
ROSS NH

Street Address:		City and State:	
839 SUFFOLK AVE		BRENTWOOD, NY 11717	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	135	PROPRIETARY	02/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
128	11	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	128	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	126	98.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	122	95.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	92.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	32.8	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	118	92.2	43.8	39.1
Completely bedfast residents.	1	0.8	1.6	3.2
Residents confined to chairs.	118	92.2	57.9	52.3
Residents requiring restraints.	109	85.2	46.4	40.4
Confused or disoriented residents.	84	65.6	62.7	58.6
Residents with bed sores.	2	1.6	7.3	7.6
Residents receiving special skin care.	128	100	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F320 F334

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRANDYWINE NH

Street Address:		City and State:	
620 SLEEPY HOLLOW RD		BRIARCLIFF, NY 10510	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	120	PROPRIETARY	02/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	13	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	116	99.1	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	115	98.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	98.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	99.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	53.8	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	114	97.4	57.9	52.3
Residents requiring restraints.	95	81.2	46.4	40.4
Confused or disoriented residents.	69	59.0	62.7	58.6
Residents with bed sores.	5	4.3	7.3	7.6
Residents receiving special skin care.	5	4.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F320

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LAKESIDE/BEIKIRCH NURSING HOME

Street Address:		City and State:	
122 WEST AVE		BROCKPORT, NY 14420	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	87	PROPRIETARY	06/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
86	3	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	53.5	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	86	100	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	75	87.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	87.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	59.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	2	2.3	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	30.2	43.8	39.1
Completely bedfast residents.	3	3.5	1.6	3.2
Residents confined to chairs.	37	43.0	57.9	52.3
Residents requiring restraints.	54	62.8	46.4	40.4
Confused or disoriented residents.	36	41.9	62.7	58.6
Residents with bed sores.	3	3.5	7.3	7.6
Residents receiving special skin care.	5	5.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F179

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ASTOR GARDENS NH

Street Address:		City and State:	
2316 BRUNER AVE		BRONX, NY 10469	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	175	PROPRIETARY	12/14/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
168	6	155

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	159	94.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	159	94.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	148	88.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	81.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	159	94.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	3	1.8	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	32.7	43.8	39.1
Completely bedfast residents.	78	46.4	1.6	3.2
Residents confined to chairs.	55	32.7	57.9	52.3
Residents requiring restraints.	121	72.0	46.4	40.4
Confused or disoriented residents.	157	93.5	62.7	58.6
Residents with bed sores.	14	8.3	7.3	7.6
Residents receiving special skin care.	36	21.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F311

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BAINBRIDGE NH

Street Address:		City and State:	
3518 BAINBRIDGE AVE		BRONX, NY 10467	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	PROPRIETARY	01/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
193	5	180

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	192	99.5	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	184	95.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	175	90.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	91.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	173	89.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	122	63.2	43.8	39.1
Completely bedfast residents.	4	2.1	1.6	3.2
Residents confined to chairs.	107	55.4	57.9	52.3
Residents requiring restraints.	104	53.9	46.4	40.4
Confused or disoriented residents.	169	87.6	62.7	58.6
Residents with bed sores.	12	6.2	7.3	7.6
Residents receiving special skin care.	59	30.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F311

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BAPTIST HOME FOR THE AGED

Street Address:		City and State:	
3260 HENRY HUDSON PKWY		BRONX, NY 10463	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	84	NON-PROFIT RELIGIOUS	06/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	87.7	63.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	44	54.3	47.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	40.7	22.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	82.7	30.8	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	30.9	22.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	13.6	8.6	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	6	7.4	12.0	40.9
Residents requiring restraints.	13	16.0	3.0	30.9
Confused or disoriented residents.	39	48.1	29.7	55.4
Residents with bed sores.	1	1.2	0.8	4.8
Residents receiving special skin care.	20	24.7	13.7	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	2	5.7	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	0	0.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	2.9	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	0	0.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	1	2.9	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.9	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	8.6	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
BETH ABRAHAM HOSP

Street Address:		City and State:	
612 ALLERTON AVE		BRONX, NY 10467	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	504	NON-PROFIT OTHER	10/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
503	56	424

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	500	99.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	484	96.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	459	91.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	473	94.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	451	89.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	476	94.6	43.8	39.1
Completely bedfast residents.	8	1.6	1.6	3.2
Residents confined to chairs.	452	89.9	57.9	52.3
Residents requiring restraints.	228	45.3	46.4	40.4
Confused or disoriented residents.	251	49.9	62.7	58.6
Residents with bed sores.	75	14.9	7.3	7.6
Residents receiving special skin care.	232	46.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
BRUCKNER NH

Street Address:		City and State:	
1010 UNDERHILL AVE		BRONX, NY 10472	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	PROPRIETARY	11/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
188	8	172

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	184	97.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	180	95.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	168	89.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	88.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	153	81.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	77	41.0	43.8	39.1
Completely bedfast residents.	2	1.1	1.6	3.2
Residents confined to chairs.	154	81.9	57.9	52.3
Residents requiring restraints.	122	64.9	46.4	40.4
Confused or disoriented residents.	153	81.4	62.7	58.6
Residents with bed sores.	14	7.4	7.3	7.6
Residents receiving special skin care.	13	6.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F320 F341

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CONCOURSE NH

Street Address:		City and State:	
1072 GRAND CONCOURSE		BRONX, NY 10450	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	240	PROPRIETARY	09/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
228	28	200

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	206	90.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	211	92.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	185	81.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	180	78.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	147	64.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	201	88.2	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	181	79.4	57.9	52.3
Residents requiring restraints.	117	51.3	46.4	40.4
Confused or disoriented residents.	191	83.8	62.7	58.6
Residents with bed sores.	25	11.0	7.3	7.6
Residents receiving special skin care.	162	71.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F051* F098 F123* F124 F167* F171 F179
F189 F339

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DAUGHTERS OF JACOB NH

Street Address:		City and State:	
1160 TELLER AVE		BRONX, NY 10456	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	515	NON-PROFIT PRIVATE	12/01/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
483	10	434

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	471	97.5	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	418	86.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	347	71.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	414	85.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	336	69.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	158	32.7	43.8	39.1
Completely bedfast residents.	3	0.6	1.6	3.2
Residents confined to chairs.	337	69.8	57.9	52.3
Residents requiring restraints.	166	34.4	46.4	40.4
Confused or disoriented residents.	276	57.1	62.7	58.6
Residents with bed sores.	31	6.4	7.3	7.6
Residents receiving special skin care.	262	54.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F325 F331 F341

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EAST HAVEN HRF

Street Address:		City and State:	
2323 EASTCHESTER ROAD		BRONX, NY 10469	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	200	PROPRIETARY	05/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
192	0	162

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	167	87.0	63.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	120	62.5	47.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	57	29.7	22.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	66.1	30.8	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	27.6	22.0	59.1
Residents on individually written bowel and bladder retraining program.	27	14.1	2.1	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	4.7	8.6	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	49	25.5	12.0	40.9
Residents requiring restraints.	4	2.1	3.0	30.9
Confused or disoriented residents.	95	49.5	29.7	55.4
Residents with bed sores.	1	0.5	0.8	4.8
Residents receiving special skin care.	33	17.2	13.7	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	2	5.7	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	0	0.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	2.9	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	0	0.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	1	2.9	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.9	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	3	8.6	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
EASTCHESTER PARK NH

Street Address:		City and State:	
2700 EASTCHESTER RD		BRONX, NY 10466	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	PROPRIETARY	04/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
194	14	127

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	186	95.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	171	88.1	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	142	73.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	78.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	60.8	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	105	54.1	43.8	39.1
Completely bedfast residents.	4	2.1	1.6	3.2
Residents confined to chairs.	151	77.8	57.9	52.3
Residents requiring restraints.	98	50.5	46.4	40.4
Confused or disoriented residents.	131	67.5	62.7	58.6
Residents with bed sores.	10	5.2	7.3	7.6
Residents receiving special skin care.	71	36.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F204

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FIELDSTON LODGE NH

Street Address:		City and State:	
666 KAPPOCK ST		BRONX, NY 10463	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	PROPRIETARY	04/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
186	30	146

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	170	91.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	166	89.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	151	81.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	84.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	149	80.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	13	7.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	107	57.5	43.8	39.1
Completely bedfast residents.	3	1.6	1.6	3.2
Residents confined to chairs.	103	55.4	57.9	52.3
Residents requiring restraints.	130	69.9	46.4	40.4
Confused or disoriented residents.	143	76.9	62.7	58.6
Residents with bed sores.	25	13.4	7.3	7.6
Residents receiving special skin care.	171	91.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F171 F179 F189 F320

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FRANCES SCHERVIER NH

Street Address:		City and State:	
2975 INDEPENDENCE AVE		BRONX, NY 10463	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	364	NON-PROFIT RELIGIOUS	02/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
356	19	277

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	268	75.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	305	85.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	274	77.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	276	77.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	263	73.9	72.0	69.4
Residents on individually written bowel and bladder retraining program.	6	1.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	10.1	43.8	39.1
Completely bedfast residents.	15	4.2	1.6	3.2
Residents confined to chairs.	229	64.3	57.9	52.3
Residents requiring restraints.	127	35.7	46.4	40.4
Confused or disoriented residents.	226	63.5	62.7	58.6
Residents with bed sores.	23	6.5	7.3	7.6
Residents receiving special skin care.	85	23.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F341

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GRAND MANOR HRF

Street Address:		City and State:	
700 WHITE PLAINS RD		BRONX, NY 10473	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	240	PROPRIETARY	12/30/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
232	0	232

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	42.2	63.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	92	39.7	47.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	23	9.9	22.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	14.2	30.8	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	12.1	22.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	19.8	8.6	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	32	13.8	12.0	40.9
Residents requiring restraints.	1	0.4	3.0	30.9
Confused or disoriented residents.	69	29.7	29.7	55.4
Residents with bed sores.	0	0.0	0.8	4.8
Residents receiving special skin care.	23	9.9	13.7	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	2	5.7	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	0	0.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	2.9	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	0	0.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	1	2.9	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.9	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	8.6	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
HEBREW HOME FOR THE AGED - FAIRFIELD

Street Address:		City and State:	
3220 HENRY HUDSON PARKWAY		BRONX, NY 10463	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	167	NON-PROFIT OTHER	06/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
163	27	129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	163	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	153	93.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	129	79.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	77.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	62.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	47.9	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	124	76.1	57.9	52.3
Residents requiring restraints.	88	54.0	46.4	40.4
Confused or disoriented residents.	107	65.6	62.7	58.6
Residents with bed sores.	11	6.7	7.3	7.6
Residents receiving special skin care.	46	28.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F171 F197 F212 F280

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEBREW HOME FOR THE AGED AT RIVERDALE

Street Address:		City and State:	
5901 PALISADE AVE		BRONX, NY 10471	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	436	NON-PROFIT OTHER	08/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
435	10	380

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	387	89.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	238	54.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	195	44.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	210	48.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	221	50.8	72.0	69.4
Residents on individually written bowel and bladder retraining program.	2	0.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	153	35.2	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	198	45.5	57.9	52.3
Residents requiring restraints.	99	22.8	46.4	40.4
Confused or disoriented residents.	211	48.5	62.7	58.6
Residents with bed sores.	31	7.1	7.3	7.6
Residents receiving special skin care.	58	13.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F167* F197

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEBREW HOSP FOR CHRONIC SICK

Street Address:		City and State:	
2200 GIVAN AVENUE		BRONX, NY 10475	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	480	NON-PROFIT OTHER	02/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
459	67	382

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	455	99.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	382	83.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	347	75.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	459	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	332	72.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	185	40.3	43.8	39.1
Completely bedfast residents.	1	0.2	1.6	3.2
Residents confined to chairs.	288	62.7	57.9	52.3
Residents requiring restraints.	290	63.2	46.4	40.4
Confused or disoriented residents.	273	59.5	62.7	58.6
Residents with bed sores.	40	8.7	7.3	7.6
Residents receiving special skin care.	144	31.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
JEANNE JUGAN RESIDENCE

Street Address:		City and State:	
3200 BAYCHESTER AVE		BRONX, NY 10475	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	11/04/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
109	2	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	82.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	62	56.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	52	47.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	41.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	47.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	29.4	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	44	40.4	57.9	52.3
Residents requiring restraints.	30	27.5	46.4	40.4
Confused or disoriented residents.	40	36.7	62.7	58.6
Residents with bed sores.	3	2.8	7.3	7.6
Residents receiving special skin care.	16	14.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
KINGS HARBOR CARE CENTER

Street Address:		City and State:	
2000 E GUN HILL RD		BRONX, NY 10469	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	720	NON-PROFIT OTHER	04/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
685	67	609

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	623	90.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	504	73.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	370	54.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	393	57.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	364	53.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	165	24.1	43.8	39.1
Completely bedfast residents.	6	0.9	1.6	3.2
Residents confined to chairs.	309	45.1	57.9	52.3
Residents requiring restraints.	260	38.0	46.4	40.4
Confused or disoriented residents.	563	82.2	62.7	58.6
Residents with bed sores.	38	5.5	7.3	7.6
Residents receiving special skin care.	74	10.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F197 F276 F320

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KINGS TERRACE NH

Street Address:		City and State:	
2678 KINGSBRIDGE TERRACE		BRONX, NY 10463	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	06/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
230	0	184

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	140	60.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	200	87.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	164	71.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	54.8	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	44.8	72.0	69.4
Residents on individually written bowel and bladder retraining program.	11	4.8	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	121	52.6	43.8	39.1
Completely bedfast residents.	3	1.3	1.6	3.2
Residents confined to chairs.	69	30.0	57.9	52.3
Residents requiring restraints.	37	16.1	46.4	40.4
Confused or disoriented residents.	174	75.7	62.7	58.6
Residents with bed sores.	9	3.9	7.3	7.6
Residents receiving special skin care.	13	5.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F194 F197 F204 F212 F320 F341

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KINGSBRIDGE HEIGHTS MANOR

Street Address:		City and State:	
3426 CANNON PLACE		BRONX, NY 10463	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	07/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
194	11	143

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	77.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	129	66.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	83	42.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	47.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	41.8	72.0	69.4
Residents on individually written bowel and bladder retraining program.	11	5.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	28.4	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	70	36.1	57.9	52.3
Residents requiring restraints.	45	23.2	46.4	40.4
Confused or disoriented residents.	105	54.1	62.7	58.6
Residents with bed sores.	12	6.2	7.3	7.6
Residents receiving special skin care.	65	33.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F194 F197

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KINGSBRIDGE HEIGHTS NH ANNEX

Street Address:		City and State:	
3400 CANNON PLACE		BRONX, NY 10463	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	PROPRIETARY	06/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
188	34	128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	182	96.8	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	173	92.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	165	87.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	161	85.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	127	67.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	14	7.4	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	120	63.8	43.8	39.1
Completely bedfast residents.	3	1.6	1.6	3.2
Residents confined to chairs.	156	83.0	57.9	52.3
Residents requiring restraints.	104	55.3	46.4	40.4
Confused or disoriented residents.	157	83.5	62.7	58.6
Residents with bed sores.	16	8.5	7.3	7.6
Residents receiving special skin care.	48	25.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
LACONIA NH

Street Address:		City and State:	
1050 E 230 ST		BRONX, NY 10466	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	240	PROPRIETARY	05/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
218	2	215

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	205	94.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	209	95.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	188	86.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	181	83.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	180	82.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	142	65.1	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	136	62.4	57.9	52.3
Residents requiring restraints.	143	65.6	46.4	40.4
Confused or disoriented residents.	176	80.7	62.7	58.6
Residents with bed sores.	15	6.9	7.3	7.6
Residents receiving special skin care.	32	14.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F171 F320 F341

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LOEB CNTR/MONTEFIORE HOSP.

Street Address:		City and State:	
111 E 210TH ST		BRONX, NY 10467	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	80	NON-PROFIT OTHER	09/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	50	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	64.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	65	84.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	58	75.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	76.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	48.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	7	9.1	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	35.1	43.8	39.1
Completely bedfast residents.	2	2.6	1.6	3.2
Residents confined to chairs.	4	5.2	57.9	52.3
Residents requiring restraints.	14	18.2	46.4	40.4
Confused or disoriented residents.	19	24.7	62.7	58.6
Residents with bed sores.	8	10.4	7.3	7.6
Residents receiving special skin care.	18	23.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F331

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MANHATTANVILLE NURSING CARE CENTER

Street Address:		City and State:	
311 W 231 ST		BRONX, NY 10463	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	PROPRIETARY	04/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	13	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	65	87.8	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	70	94.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	71	95.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	82.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	75.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	79.7	43.8	39.1
Completely bedfast residents.	2	2.7	1.6	3.2
Residents confined to chairs.	42	56.8	57.9	52.3
Residents requiring restraints.	34	45.9	46.4	40.4
Confused or disoriented residents.	51	68.9	62.7	58.6
Residents with bed sores.	7	9.5	7.3	7.6
Residents receiving special skin care.	42	56.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may rapresent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
METHODIST CHURCH HOME FOR AGED

Street Address:		City and State:	
4499 MANHATTAN COLLEGE PKWY		BRONX, NY 10471	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	113	NON-PROFIT RELIGIOUS	12/10/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
107	3	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	97.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	77	72.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	74	69.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	65.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	62.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	28.0	43.8	39.1
Completely bedfast residents.	3	2.8	1.6	3.2
Residents confined to chairs.	44	41.1	57.9	52.3
Residents requiring restraints.	59	55.1	46.4	40.4
Confused or disoriented residents.	61	57.0	62.7	58.6
Residents with bed sores.	6	5.6	7.3	7.6
Residents receiving special skin care.	19	17.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F240

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MORNINGSIDE HOUSE NH CO

Street Address:		City and State:	
1000 PELHAM PKWAY SO		BRONX, NY 10461	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	386	NON-PROFIT OTHER	04/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
370	28	317

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	278	75.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	279	75.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	272	73.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	256	69.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	269	72.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	207	55.9	43.8	39.1
Completely bedfast residents.	1	0.3	1.6	3.2
Residents confined to chairs.	146	39.5	57.9	52.3
Residents requiring restraints.	130	35.1	46.4	40.4
Confused or disoriented residents.	292	78.9	62.7	58.6
Residents with bed sores.	13	3.5	7.3	7.6
Residents receiving special skin care.	320	86.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F190 F212

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MORRIS PARK NH

Street Address:		City and State:	
1235 PELHAM PARKWAY NO		BRONX, NY 10469	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	191	PROPRIETARY	10/28/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
183	6	155

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	176	96.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	182	99.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	175	95.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	183	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	165	90.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	110	60.1	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	153	83.6	57.9	52.3
Residents requiring restraints.	125	68.3	46.4	40.4
Confused or disoriented residents.	158	86.3	62.7	58.6
Residents with bed sores.	14	7.7	7.3	7.6
Residents receiving special skin care.	78	42.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meat. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F171

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MOSHOLU PKWY NH

Street Address:		City and State:	
3356 PERRY AVE		BRONX, NY 10467	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	125	PROPRIETARY	04/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
121	8	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	73.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	102	84.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	97	80.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	78.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	67.8	72.0	69.4
Residents on individually written bowel and bladder retraining program.	24	19.8	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	64.5	43.8	39.1
Completely bedfast residents.	2	1.7	1.6	3.2
Residents confined to chairs.	77	63.6	57.9	52.3
Residents requiring restraints.	50	41.3	46.4	40.4
Confused or disoriented residents.	95	78.5	62.7	58.6
Residents with bed sores.	8	6.6	7.3	7.6
Residents receiving special skin care.	18	14.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051* F098

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PALISADES NH

Street Address:		City and State:	
5901 PALISADES AVE		BRONX, NY 10471	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	348	NON-PROFIT OTHER	08/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
345	46	260

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	342	99.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	244	70.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	206	59.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	210	60.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	224	64.9	72.0	69.4
Residents on individually written bowel and bladder retraining program.	23	6.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	77	22.3	43.8	39.1
Completely bedfast residents.	1	0.3	1.6	3.2
Residents confined to chairs.	117	33.9	57.9	52.3
Residents requiring restraints.	38	11.0	46.4	40.4
Confused or disoriented residents.	170	49.3	62.7	58.6
Residents with bed sores.	18	5.2	7.3	7.6
Residents receiving special skin care.	33	9.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F179 F197 F212

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARKVIEW NH

Street Address:		City and State:	
6585 BROADWAY		BRONX, NY 10471	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	PROPRIETARY	05/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
193	58	133

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	189	97.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	189	97.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	168	87.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	81.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	168	87.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	137	71.0	43.8	39.1
Completely bedfast residents.	6	3.1	1.6	3.2
Residents confined to chairs.	141	73.1	57.9	52.3
Residents requiring restraints.	95	49.2	46.4	40.4
Confused or disoriented residents.	164	85.0	62.7	58.6
Residents with bed sores.	15	7.8	7.3	7.6
Residents receiving special skin care.	127	65.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PELHAM PARKWAY NH

Street Address:		City and State:	
2401 LACONIA AVE		BRONX, NY 10469	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	PROPRIETARY	04/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
187	15	169

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	180	96.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	175	93.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	165	88.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	175	93.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	165	88.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	123	65.8	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	131	70.1	57.9	52.3
Residents requiring restraints.	93	49.7	46.4	40.4
Confused or disoriented residents.	101	54.0	62.7	58.6
Residents with bed sores.	14	7.5	7.3	7.6
Residents receiving special skin care.	112	59.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F167* F195 F215 F311 F347

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PROVIDENCE REST HOME

Street Address:		City and State:	
3304 WATERBURY AVE		BRONX, NY 10465	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	200	NON-PROFIT OTHER	09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
197	9	176

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	154	78.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	160	81.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	144	73.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	73.1	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	125	63.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	39.6	43.8	39.1
Completely bedfast residents.	2	1.0	1.6	3.2
Residents confined to chairs.	136	69.0	57.9	52.3
Residents requiring restraints.	107	54.3	46.4	40.4
Confused or disoriented residents.	133	67.5	62.7	58.6
Residents with bed sores.	15	7.6	7.3	7.6
Residents receiving special skin care.	35	17.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F171 F204

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIVERDALE NH

Street Address:		City and State:	
641 W 230TH ST		BRONX, NY 10463	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	146	PROPRIETARY	12/09/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
145	3	133

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	144	99.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	137	94.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	128	88.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	86.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	130	89.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	2	1.4	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	106	73.1	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	85	58.6	57.9	52.3
Residents requiring restraints.	103	71.0	46.4	40.4
Confused or disoriented residents.	77	53.1	62.7	58.6
Residents with bed sores.	15	10.3	7.3	7.6
Residents receiving special skin care.	50	34.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F320 F331 F347

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROFAY NH

Street Address:		City and State:	
946 E 211TH ST		BRONX, NY 10467	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	120	PROPRIETARY	09/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	14	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	95.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	107	91.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	107	91.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	95.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	82.9	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	54.7	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	64	54.7	57.9	52.3
Residents requiring restraints.	73	62.4	46.4	40.4
Confused or disoriented residents.	60	51.3	62.7	58.6
Residents with bed sores.	6	5.1	7.3	7.6
Residents receiving special skin care.	25	21.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141 F197

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SPLIT ROCK NH

Street Address:		City and State:	
3525 BAYCHESTER AVE		BRONX, NY 10466	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	240	PROPRIETARY	03/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
230	5	173

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	228	99.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	210	91.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	155	67.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	168	73.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	133	57.8	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	84	36.5	43.8	39.1
Completely bedfast residents.	4	1.7	1.6	3.2
Residents confined to chairs.	142	61.7	57.9	52.3
Residents requiring restraints.	99	43.0	46.4	40.4
Confused or disoriented residents.	178	77.4	62.7	58.6
Residents with bed sores.	6	2.6	7.3	7.6
Residents receiving special skin care.	66	28.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
ST PATRICKS HOME FOR AGED AND INFIRM

Street Address:		City and State:	
66 VAN CORTLAND PARK SOUTH		BRONX, NY 10463	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	264	NON-PROFIT RELIGIOUS	01/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
220	7	164

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	193	87.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	189	85.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	152	69.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	203	92.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	146	66.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	13	5.9	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	102	46.4	43.8	39.1
Completely bedfast residents.	4	1.8	1.6	3.2
Residents confined to chairs.	97	44.1	57.9	52.3
Residents requiring restraints.	77	35.0	46.4	40.4
Confused or disoriented residents.	115	52.3	62.7	58.6
Residents with bed sores.	13	5.9	7.3	7.6
Residents receiving special skin care.	64	29.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a phytician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
UNITED ODD FELLOWS REBEKAH HOME

Street Address:		City and State:	
1072 HAVEMEYER AVE		BRONX, NY 10462	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	213	NON-PROFIT OTHER	09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
205	11	176

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	186	90.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	142	69.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	120	58.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	63.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	52.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	3	1.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	32.2	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	71	34.6	57.9	52.3
Residents requiring restraints.	42	20.5	46.4	40.4
Confused or disoriented residents.	135	65.9	62.7	58.6
Residents with bed sores.	4	2.0	7.3	7.6
Residents receiving special skin care.	47	22.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F179 F197

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
UNIVERSITY NH

Street Address:		City and State:	
2505 GRAND AVE		BRONX, NY 10463	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	46	PROPRIETARY	05/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	8	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	97.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	44	100	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	44	100	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	93.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	100	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	56.8	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	22	50.0	57.9	52.3
Residents requiring restraints.	21	47.7	46.4	40.4
Confused or disoriented residents.	43	97.7	62.7	58.6
Residents with bed sores.	1	2.3	7.3	7.6
Residents receiving special skin care.	1	2.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
W K NURSING HOME

Street Address:		City and State:	
2545 UNIVERSITY AVE		BRONX, NY 10468	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	816	NON-PROFIT OTHER	09/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
803	50	701

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	760	94.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	707	88.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	652	81.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	707	88.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	542	67.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	18	2.2	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	647	80.6	43.8	39.1
Completely bedfast residents.	9	1.1	1.6	3.2
Residents confined to chairs.	193	24.0	57.9	52.3
Residents requiring restraints.	334	41.6	46.4	40.4
Confused or disoriented residents.	573	71.4	62.7	58.6
Residents with bed sores.	24	3 0	7.3	7.6
Residents receiving special skin care.	511	63.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
WAYNE HRF

Street Address:		City and State:	
3534 WAYNE AVE		BRONX, NY 10467	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	12/02/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
233	0	228

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	153	65.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	152	65.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	105	45.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	67.8	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	105	45.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	22.3	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	91	39.1	57.9	52.3
Residents requiring restraints.	83	35.6	46.4	40.4
Confused or disoriented residents.	127	54.5	62.7	58.6
Residents with bed sores.	6	2.6	7.3	7.6
Residents receiving special skin care.	85	36.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
WHITE PLAINS NH

Street Address:		City and State:	
3845 CARPENTER AVE		BRONX, NY 10467	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	240	PROPRIETARY	08/09/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
212	4	206

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	190	89.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	190	89.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	152	71.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	172	81.1	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	144	67.9	72.0	69.4
Residents on individually written bowel and bladder retraining program.	61	28.8	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	76	35.8	43.8	39.1
Completely bedfast residents.	5	2.4	1.6	3.2
Residents confined to chairs.	135	63.7	57.9	52.3
Residents requiring restraints.	142	67.0	46.4	40.4
Confused or disoriented residents.	161	75.9	62.7	58.6
Residents with bed sores.	14	6.6	7.3	7.6
Residents receiving special skin care.	56	26.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F197 F234 F280

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WILLIAMSBRIDGE MANOR NH

Street Address:		City and State:	
1540 TOMILSON AVE		BRONX, NY 10461	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	77	PROPRIETARY	02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	86.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	57	85.1	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	57	85.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	59.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	79.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	19.4	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	39	58.2	57.9	52.3
Residents requiring restraints.	38	56.7	46.4	40.4
Confused or disoriented residents.	58	86.6	62.7	58.6
Residents with bed sores.	2	3.0	7.3	7.6
Residents receiving special skin care.	4	6.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
WORKMENS CIRCLE HOME INFIRMARY

Street Address:		City and State:	
3155 GRACE AVE		BRONX, NY 10469	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	498	NON-PROFIT OTHER	08/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
492	16	439

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	462	93.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	371	75.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	280	56.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	446	90.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	252	51.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.2	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	182	37.0	43.8	39.1
Completely bedfast residents.	1	0.2	1.6	3.2
Residents confined to chairs.	217	44.1	57.9	52.3
Residents requiring restraints.	125	25.4	46.4	40.4
Confused or disoriented residents.	255	51.8	62.7	58.6
Residents with bed sores.	17	3.5	7.3	7.6
Residents receiving special skin care.	146	29.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F311 F320

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AISHEL AVRAHAM RHCF

Street Address:		City and State:	
40 HEYWARD ST		BROOKLYN, NY 11211	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	200	NON-PROFIT OTHER	12/12/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
191	7	174

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	187	97.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	159	83.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	143	74.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	151	79.1	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	136	71.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	4	2.1	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	82	42.9	43.8	39.1
Completely bedfast residents.	1	0.5	1.6	3.2
Residents confined to chairs.	136	71.2	57.9	52.3
Residents requiring restraints.	83	43.5	46.4	40.4
Confused or disoriented residents.	134	70.2	62.7	58.6
Residents with bed sores.	11	5.8	7.3	7.6
Residents receiving special skin care.	62	32.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
AUGUSTANA LUTHERAN HOME FOR AGED

Street Address:		City and State:	
1680 60 ST		BROOKLYN, NY 11204	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	90	NON-PROFIT RELIGIOUS	11/17/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	90.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	59	65.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	52	57.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	53.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	55.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	17.8	43.8	39.1
Completely bedfast residents.	1	1.1	1.6	3.2
Residents confined to chairs.	13	14.4	57.9	52.3
Residents requiring restraints.	17	18.9	46.4	40.4
Confused or disoriented residents.	35	38.9	62.7	58.6
Residents with bed sores.	3	3.3	7.0	7.6
Residents receiving special skin care.	36	40.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2023	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F215

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROOKLYN UNITED METHODIST CHURCH HOME

Street Address:		City and State:	
1485 DUMONT AVE		BROOKLYN, NY 11208	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	120	NON-PROFIT PRIVATE	02/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
114	17	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	94.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	108	94.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	100	87.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	89.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	81.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	47.4	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	101	88.6	57.9	52.3
Residents requiring restraints.	36	31.6	46.4	40.4
Confused or disoriented residents.	94	82.5	62.7	58.6
Residents with bed sores.	9	7.9	7.3	7.6
Residents receiving special skin care.	35	30.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F141 F171 F280

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CABS NH

Street Address:		City and State:	
270 NOSTRAND AVE		BROOKLYN, NY 11205	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	157	NON-PROFIT OTHER	09/22/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
153	0	153

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	76.5	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	128	83.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	101	66.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	62.1	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	58.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	37.3	43.8	39.1
Completely bedfast residents.	4	2.6	1.6	3.2
Residents confined to chairs.	63	41.2	57.9	52.3
Residents requiring restraints.	26	17.0	46.4	40.4
Confused or disoriented residents.	106	69.3	62.7	58.6
Residents with bed sores.	4	2.6	7.3	7.6
Residents receiving special skin care.	73	47.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F168*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CARLTON NH

Street Address:		City and State:	
405 CARLTON AVE		BROOKLYN, NY 11238	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	148	PROPRIETARY	11/03/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
142	1	139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	127	89.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	132	93.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	113	79.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	87.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	71.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	9	6.3	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	50.0	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	97	68.3	57.9	52.3
Residents requiring restraints.	86	60.6	46.4	40.4
Confused or disoriented residents.	32	22.5	62.7	58.6
Residents with bed sores.	5	3.5	7.3	7.6
Residents receiving special skin care.	70	49.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F167* F189

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CATON PARK NH

Street Address:		City and State:	
1312 CATON AVE		BROOKLYN, NY 11226	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	119	PROPRIETARY	10/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
106	3	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	96.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	99	93.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	96	90.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	90.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	90.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	66.0	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	102	96.2	57.9	52.3
Residents requiring restraints.	76	71.7	46.4	40.4
Confused or disoriented residents.	93	87.7	62.7	58.6
Residents with bed sores.	5	4.7	7.3	7.6
Residents receiving special skin care.	29	27.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COBBLE HILL NH INC

Street Address:		City and State:	
380 HENRY ST		BROOKLYN, NY 11201	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	520	NON-PROFIT OTHER	01/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
486	11	451

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	466	95.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	454	93.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	426	87.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	430	88.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	394	81.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.2	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	253	52.1	43.8	39.1
Completely bedfast residents.	16	3.3	1.6	3.2
Residents confined to chairs.	265	54.5	57.9	52.3
Residents requiring restraints.	178	36.6	46.4	40.4
Confused or disoriented residents.	341	70.2	62.7	58.6
Residents with bed sores.	57	11.7	7.3	7.6
Residents receiving special skin care.	84	17.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F167*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CONCORD NH

Street Address:		City and State:	
300 MADISON ST		BROOKLYN, NY 11216	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	123	NON-PROFIT RELIGIOUS	12/28/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
115	0	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	87.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	106	92.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	95	82.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	93.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	64.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	27.0	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	72	62.6	57.9	52.3
Residents requiring restraints.	62	53.9	46.4	40.4
Confused or disoriented residents.	70	60.9	62.7	58.6
Residents with bed sores.	8	7.0	7.3	7.6
Residents receiving special skin care.	20	17.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F320

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CROWN NH

Street Address:		City and State:	
3457 NOSTRAND AVE		BROOKLYN, NY 11229	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	189	PROPRIETARY	12/12/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
177	4	125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	168	94.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	159	89.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	150	84.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	83.1	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	142	80.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	82	46.3	43.8	39.1
Completely bedfast residents.	1	0.6	1.6	3.2
Residents confined to chairs.	91	51.4	57.9	52.3
Residents requiring restraints.	45	25.4	46.4	40.4
Confused or disoriented residents.	168	94.9	62.7	58.6
Residents with bed sores.	10	5.6	7.3	7.6
Residents receiving special skin care.	132	74.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
DOVER NH

Street Address:		City and State:	
1919 CORTELYOU RD		BROOKLYN, NY 11226	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	41	PROPRIETARY	04/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
38	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	84.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	32	84.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	36	94.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	86.8	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	81.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	78.9	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	13	34.2	57.9	52.3
Residents requiring restraints.	24	63.2	46.4	40.4
Confused or disoriented residents.	38	100	62.7	58.6
Residents with bed sores.	0	0.0	7.3	7.6
Residents receiving special skin care.	1	2.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F197 F222 F303

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FLATBUSH MANOR CARE CENTER

Street Address:		City and State:	
2107 DITMAS AVE		BROOKLYN, NY 11226	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	10/24/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
190	2	172

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	133	70.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	156	82.1	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	116	61.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	61.1	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	53.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	7	3.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	34.2	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	112	58.9	57.9	52.3
Residents requiring restraints.	44	23.2	46.4	40.4
Confused or disoriented residents.	118	62.1	62.7	58.6
Residents with bed sores.	12	6.3	7.3	7.6
Residents receiving special skin care.	94	49.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F197

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENPARK CARE CENTER WILLOUGHBY

Street Address:		City and State:	
140 ST EDWARDS ST		BROOKLYN, NY 11201	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	400	PROPRIETARY	10/13/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
385	0	380

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	285	74.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	285	74.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	215	55.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	218	56.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	202	52.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	3	0.8	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	137	35.6	43.8	39.1
Completely bedfast residents.	1	0.3	1.6	3.2
Residents confined to chairs.	182	47.3	57.9	52.3
Residents requiring restraints.	112	29.1	46.4	40.4
Confused or disoriented residents.	221	57.4	62.7	58.6
Residents with bed sores.	13	3.4	7.3	7.6
Residents receiving special skin care.	69	17.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F190

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HAYM SALOMON HOME FOR THE AGED

Street Address:		City and State:	
2300 CROPSEY AVE		BROOKLYN, NY 11214	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	220	NON-PROFIT OTHER	06/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
210	11	184

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	205	97.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	186	88.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	174	82.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	161	76.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	138	65.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	118	56.2	43.8	39.1
Completely bedfast residents.	4	1.9	1.6	3.2
Residents confined to chairs.	143	68.1	57.9	52.3
Residents requiring restraints.	95	45.2	46.4	40.4
Confused or disoriented residents.	150	71.4	62.7	58.6
Residents with bed sores.	15	7.1	7.3	7.6
Residents receiving special skin care.	64	30.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
HOLY FAMILY HOME

Street Address:		City and State:	
1740 84 ST		BROOKLYN, NY 11214	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	146	NON-PROFIT RELIGIOUS	02/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	63	67.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	57	61.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	42	45.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	45.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	48.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	28.0	43.8	39.1
Completely bedfast residents.	3	3.2	1.6	3.2
Residents confined to chairs.	30	32.3	57.9	52.3
Residents requiring restraints.	23	24.7	46.4	40.4
Confused or disoriented residents.	25	26.9	62.7	58.6
Residents with bed sores.	2	2.2	7.3	7.8
Residents receiving special skin care.	24	25.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Remember: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F280

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JHMCB CENTER FOR NURSING REHAB INC

Street Address:		City and State:	
520 PROSPECT PL		BROOKLYN, NY 11238	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	320	NON-PROFIT PRIVATE	08/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
301	30	269

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	293	97.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	281	93.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	270	89.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	280	93.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	249	82.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	201	66.8	43.8	39.1
Completely bedfast residents.	6	2.0	1.6	3.2
Residents confined to chairs.	263	87.4	57.9	52.3
Residents requiring restraints.	169	56.1	46.4	40.4
Confused or disoriented residents.	278	92.4	62.7	58.6
Residents with bed sores.	41	13.6	7.3	7.6
Residents receiving special skin care.	72	23.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Remember: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 07/08	FACILITY MET/ NOT MET 08/09	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 08/09			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F331

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEMBERG HOME AND GERIATRIC INST.

Street Address:		City and State:	
8629 BAY PKWY		BROOKLYN, NY 11214	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	45	NON-PROFIT OTHER	05/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	53.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	26	57.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	25	55.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	48.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	53.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	11.1	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	6	13.3	57.9	52.3
Residents requiring restraints.	1	2.2	46.4	40.4
Confused or disoriented residents.	21	46.7	62.7	58.6
Residents with bed sores.	3	6.7	7.3	7.6
Residents receiving special skin care.	2	4.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F190

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LINDEN BAY CARE CTR

Street Address:		City and State:	
2749 LINDEN BLVD		BROOKLYN, NY 11208	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	140	PROPRIETARY	08/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
136	4	126

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	85.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	121	89.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	118	86.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	89.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	111	81.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	2	1.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	58.1	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	95	69.9	57.9	52.3
Residents requiring restraints.	56	41.2	46.4	40.4
Confused or disoriented residents.	95	69.9	62.7	58.6
Residents with bed sores.	7	5.1	7.3	7.6
Residents receiving special skin care.	31	22.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F215

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MADONNA RESIDENCE INC

Street Address:		City and State:	
1 PROSPECT PARK W		BROOKLYN, NY 11215	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	290	NON-PROFIT RELIGIOUS	03/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
279	15	224

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	259	92.8	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	225	80.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	187	67.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	193	69.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	184	65.9	72.0	69.4
Residents on individually written bowel and bladder retraining program.	2	0.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	111	39.8	43.8	39.1
Completely bedfast residents.	5	1.8	1.6	3.2
Residents confined to chairs.	136	48.7	57.9	52.3
Residents requiring restraints.	133	47.7	46.4	40.4
Confused or disoriented residents.	158	56.6	62.7	58.6
Residents with bed sores.	26	9.3	7.3	7.6
Residents receiving special skin care.	117	41.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
MARCUS GARVEY MANOR NH

Street Address:		City and State:	
810 20 ST MARKS AVE		BROOKLYN, NY 11213	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	295	NON-PROFIT OTHER	09/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
280	12	267

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	268	95.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	227	81.1	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	185	66.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	207	73.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	199	71.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	10	3.6	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	154	55.0	43.8	39.1
Completely bedfast residents.	2	0.7	1.6	3.2
Residents confined to chairs.	190	67.9	57.9	52.3
Residents requiring restraints.	111	39.6	46.4	40.4
Confused or disoriented residents.	224	80.0	62.7	58.6
Residents with bed sores.	18	6.4	7.3	7.6
Residents receiving special skin care.	231	82.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Remember: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F112* F280

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MENORAH HOME AND HOSP FOR AGED

Street Address:		City and State:	
871 BUSHWICK AVE		BROOKLYN, NY 11221	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	273	NON-PROFIT OTHER	07/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
259	27	231

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	254	98.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	218	84.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	198	76.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	199	76.8	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	185	71.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	163	62.9	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	179	69.1	57.9	52.3
Residents requiring restraints.	79	30.5	46.4	40.4
Confused or disoriented residents.	167	64.5	62.7	58.6
Residents with bed sores.	6	2.3	7.3	7.6
Residents receiving special skin care.	206	79.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051* F052*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MENORAH NURSING HOME

Street Address:		City and State:	
1516 ORIENTAL BLVD		BROOKLYN, NY 11235	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	253	NON-PROFIT OTHER	05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
248	40	192

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	191	77.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	199	80.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	175	70.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	240	96.8	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	162	65.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	104	41.9	43.8	39.1
Completely bedfast residents.	1	0.4	1.6	3.2
Residents confined to chairs.	124	50.0	57.9	52.3
Residents requiring restraints.	147	59.3	46.4	40.4
Confused or disoriented residents.	159	64.1	62.7	58.6
Residents with bed sores.	33	13.3	7.3	7.6
Residents receiving special skin care.	155	62.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
METROPOLITAN JEWISH GERIATRIC CENTER

Street Address:		City and State:	
4915 TENTH AVE		BROOKLYN, NY 11219	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	529	NON-PROFIT OTHER	06/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
515	65	417

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	515	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	493	95.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	488	94.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	476	92.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	432	83.9	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	361	70.1	43.8	39.1
Completely bedfast residents.	17	3.3	1.6	3.2
Residents confined to chairs.	403	78.3	57.9	52.3
Residents requiring restraints.	220	42.7	46.4	40.4
Confused or disoriented residents.	353	68.5	62.7	58.6
Residents with bed sores.	58	11.3	7.3	7.6
Residents receiving special skin care.	377	73.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 97/98	FACILITY MET/ NOT MET 98/99	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 98/99			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	296	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE NDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F197 F204

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
METROPOLITAN JEWISH GERIATRIC CENTER

Street Address:		City and State:	
WEST 29TH ST & BOARDWALK		BROOKLYN, NY 11224	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	359	NON-PROFIT PRIVATE	06/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
341	32	288

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	339	99.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	279	81.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	295	86.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	311	91.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	219	64.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	10	2.9	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	113	33.1	43.8	39.1
Completely bedfast residents.	9	2.6	1.6	3.2
Residents confined to chairs.	164	48.1	57.9	52.3
Residents requiring restraints.	120	35.2	46.4	40.4
Confused or disoriented residents.	236	69.2	62.7	58.6
Residents with bed sores.	22	6.5	7.3	7.6
Residents receiving special skin care.	223	65.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F167* F171 F179 F194 F197 F311 F312
F326

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NORWEIGAN CHRISTIAN HOME HC

Street Address:		City and State:	
1250-70 67 ST		BROOKLYN, NY 11219	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	135	NON-PROFIT OTHER	11/22/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
132	3	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	64.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	74	56.1	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	57	43.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	34.1	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	42.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	21.2	43.8	39.1
Completely bedfast residents.	3	2.3	1.6	3.2
Residents confined to chairs.	41	31.1	57.9	52.3
Residents requiring restraints.	9	6.8	46.4	40.4
Confused or disoriented residents.	69	52.3	62.7	58.6
Residents with bed sores.	7	5.3	7.3	7.6
Residents receiving special skin care.	20	15.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F167*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NY CONGREGATIONAL HOME

Street Address:		City and State:	
123 LINDEN BLVD		BROOKLYN, NY 11226	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	68	NON-PROFIT RELIGIOUS	09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
66	2	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	74.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	48	72.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	45	68.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	63.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	57.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	59.1	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	14	21.2	57.9	52.3
Residents requiring restraints.	16	24.2	46.4	40.4
Confused or disoriented residents.	39	59.1	62.7	58.6
Residents with bed sores.	1	1.5	7.3	7.6
Residents receiving special skin care.	40	60.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
OXFORD NH

Street Address:		City and State:	
144 S OXFORD ST		BROOKLYN, NY 11217	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	235	PROPRIETARY	09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
227	9	216

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	215	94.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	223	98.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	191	84.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	224	98.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	132	58.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	163	71.8	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	145	63.9	57.9	52.3
Residents requiring restraints.	71	31.3	46.4	40.4
Confused or disoriented residents.	150	66.1	62.7	58.6
Residents with bed sores.	23	10.1	7.3	7.6
Residents receiving special skin care.	25	11.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F051* F098 F123* F124 F167* F171 F179
F341

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PALM GARDENS NH

Street Address:		City and State:	
615 AVENUE C		BROOKLYN, NY 11218	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	240	PROPRIETARY	03/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
230	26	165

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	212	92.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	219	95.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	218	94.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	206	89.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	158	68.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	5	2.2	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	104	45.2	43.8	39.1
Completely bedfast residents.	2	0.9	1.6	3.2
Residents confined to chairs.	91	39.6	57.9	52.3
Residents requiring restraints.	116	50.4	46.4	40.4
Confused or disoriented residents.	142	61.7	62.7	58.6
Residents with bed sores.	9	3.9	7.3	7.6
Residents receiving special skin care.	135	58.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
PALM TREE NH

Street Address:		City and State:	
5606 15TH AVE		BROOKLYN, NY 11219	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	79	PROPRIETARY	03/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	6	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	88.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	77	97.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	63	79.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	83.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	74.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	43.0	43.8	39.1
Completely bedfast residents.	1	1.3	1.6	3.2
Residents confined to chairs.	64	81.0	57.9	52.3
Residents requiring restraints.	42	53.2	46.4	40.4
Confused or disoriented residents.	43	54.4	62.7	58.6
Residents with bed sores.	7	8.9	7.3	7.6
Residents receiving special skin care.	39	49.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
PARKSHORE MANOR HEALTH CARE CENTER

Street Address:		City and State:	
1555 ROCKAWAY PKWY		BROOKLYN, NY 11236	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	270	PROPRIETARY	01/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
259	4	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	221	85.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	213	82.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	157	60.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	206	79.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	125	48.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	23.2	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	79	30.5	57.9	52.3
Residents requiring restraints.	65	25.1	46.4	40.4
Confused or disoriented residents.	173	66.8	62.7	58.6
Residents with bed sores.	3	1.2	7.3	7.6
Residents receiving special skin care.	18	6.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
PROSPECT PARK NH

Street Address:		City and State:	
1455 CONEY ISLAND AVE		BROOKLYN, NY 11230	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	215	NON-PROFIT OTHER	09/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
197	22	171

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	197	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	195	99.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	187	94.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	184	93.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	183	92.9	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	85	43.1	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	157	79.7	57.9	52.3
Residents requiring restraints.	131	66.5	46.4	40.4
Confused or disoriented residents.	171	86.8	62.7	58.6
Residents with bed sores.	15	7.6	7.3	7.6
Residents receiving special skin care.	135	68.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RIVER MANOR

Street Address:		City and State:	
630 E 104TH ST		BROOKLYN, NY 11236	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	380	PROPRIETARY	04/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
364	0	354

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	254	69.8	63.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	194	53.3	47.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	60	16.5	22.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	17.9	30.8	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	17.6	22.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	8.2	8.6	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	68	18.7	12.0	40.9
Residents requiring restraints.	1	0.3	3.0	30.9
Confused or disoriented residents.	80	22.0	29.7	55.4
Residents with bed sores.	0	0.0	0.8	4.8
Residents receiving special skin care.	61	16.8	13.7	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	2	5.7	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	0	0.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	2.9	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	0	0.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	1	2.9	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.9	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	3	8.6	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F168* F325

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RUTLAND NH

Street Address:		City and State:	
585 SCHENECTADY AVE		BROOKLYN, NY 11203	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	538	NON-PROFIT PRIVATE	01/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
520	130	390

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	479	92.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	478	91.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	455	87.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	470	90.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	442	85.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.2	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	426	81.9	43.8	39.1
Completely bedfast residents.	21	4.0	1.6	3.2
Residents confined to chairs.	329	63.3	57.9	52.3
Residents requiring restraints.	408	78.5	46.4	40.4
Confused or disoriented residents.	369	71.0	62.7	58.6
Residents with bed sores.	80	15.4	7.3	7.6
Residents receiving special skin care.	54	10.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F197

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SAMUEL SCHULMAN CTR FOR NURS AND REHAB

Street Address:		City and State:	
555 ROCKAWAY PARKWAY		BROOKLYN, NY 11212	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	220	NON-PROFIT OTHER	01/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
216	47	156

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	200	92.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	204	94.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	200	92.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	195	90.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	167	77.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	5	2.3	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	117	54.2	43.8	39.1
Completely bedfast residents.	1	0.5	1.6	3.2
Residents confined to chairs.	208	96.3	57.9	52.3
Residents requiring restraints.	87	40.3	46.4	40.4
Confused or disoriented residents.	49	22.7	62.7	58.6
Residents with bed sores.	18	8.3	7.3	7.6
Residents receiving special skin care.	68	31.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F167* F179 F311

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SEA CREST HEALTH CARE CENTER

Street Address:		City and State:	
3035 WEST 24TH STREET		BROOKLYN, NY 11224	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	320	PROPRIETARY	09/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
305	16	254

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	223	73.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	232	76.1	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	198	64.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	196	64.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	187	61.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.3	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	120	39.3	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	217	71.1	57.9	52.3
Residents requiring restraints.	146	47.9	46.4	40.4
Confused or disoriented residents.	197	64.6	62.7	58.6
Residents with bad sores.	19	6.2	7.3	7.6
Residents receiving special skin care.	186	61.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F194

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SEPHARDIC HOME FOR THE AGED

Street Address:		City and State:	
2266 CROPSEY AVE		BROOKLYN, NY 11214	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	271	NON-PROFIT PRIVATE	05/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
260	21	229

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	258	99.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	207	79.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	168	64.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	67.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	167	64.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	90	34.6	43.8	39.1
Completely bedfast residents.	1	0.4	1.6	3.2
Residents confined to chairs.	150	57.7	57.9	52.3
Residents requiring restraints.	81	31.2	46.4	40.4
Confused or disoriented residents.	133	51.2	62.7	58.6
Residents with bed sores.	22	8.5	7.3	7.6
Residents receiving special skin care.	70	26.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F339

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHEEPSHEAD NH

Street Address:		City and State:	
2840 KNAPP ST		BROOKLYN, NY 11235	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	PROPRIETARY	03/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
190	0	173

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	190	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	185	97.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	178	93.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	175	92.1	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	170	89.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	41.6	43.8	39.1
Completely bedfast residents.	3	1.6	1.6	3.2
Residents confined to chairs.	157	82.6	57.9	52.3
Residents requiring restraints.	126	66.3	46.4	40.4
Confused or disoriented residents.	30	15.8	62.7	58.6
Residents with bed sores.	20	10.5	7.3	7.6
Residents receiving special skin care.	60	31.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
SHORE VIEW NH

Street Address:		City and State:	
2865 BIRGHTON 3RD ST		BROOKLYN, NY 11235	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	320	PROPRIETARY	10/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
306	52	231

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	300	98.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	288	94.1	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	273	89.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	272	88.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	263	85.9	72.0	69.4
Residents on individually written bowel and bladder retraining program.	2	0.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	131	42.8	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	293	95.8	57.9	52.3
Residents requiring restraints.	204	66.7	46.4	40.4
Confused or disoriented residents.	242	79.1	62.7	58.6
Residents with bed sores.	18	5.9	7.3	7.6
Residents receiving special skin care.	32	10.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST JOHN EPISCOPAL HOME FOR AGED

Street Address:		City and State:	
480 HERKIMER ST		BROOKLYN, NY 11213	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	97	NON-PROFIT RELIGIOUS	10/27/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	2	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	65.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	55	57.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	54	56.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	72.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	51.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	28.4	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	42	44.2	57.9	52.3
Residents requiring restraints.	24	25.3	46.4	40.4
Confused or disoriented residents.	22	23.2	62.7	58.6
Residents with bed sores.	2	2.1	7.3	7.6
Residents receiving special skin care.	27	28.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
WARTBURG LUTHERAN HOME FOR AGING

Street Address:		City and State:	
2598 FULTON ST		BROOKLYN, NY 11207	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	102	NON-PROFIT RELIGIOUS	11/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	1	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	90.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	80	78.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	83	81.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	80.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	80.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	33.3	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	15	14.7	57.9	52.3
Residents requiring restraints.	86	84.3	46.4	40.4
Confused or disoriented residents.	95	93.1	62.7	58.6
Residents with bed sores.	6	5.9	7.3	7.6
Residents receiving special skin care.	47	46.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F204

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WARTBURG LUTHERAN HOME FOR THE AGING

Street Address:		City and State:	
50 SHEFFIELD AVE		BROOKLYN, NY 11207	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	123	NON-PROFIT RELIGIOUS	10/06/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	0	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	0	0.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	100	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	0	0.0	57.9	52.3
Residents requiring restraints.	1	100	46.4	40.4
Confused or disoriented residents.	0	0.0	62.7	58.6
Residents with bed sores.	0	0.0	7.3	7.6
Residents receiving special skin care.	0	0.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
WILLOUGHBY NH

Street Address:		City and State:	
949 WILLOUGHBY AVE		BROOKLYN, NY 11221	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	161	PROPRIETARY	05/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
150	25	122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	7.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	139	92.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	115	76.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	92.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	111	74.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	22.7	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	120	80.0	57.9	52.3
Residents requiring restraints.	30	20.0	46.4	40.4
Confused or disoriented residents.	122	81.3	62.7	58.6
Residents with bed sores.	9	6.0	7.3	7.6
Residents receiving special skin care.	64	42.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051* F167* F197 F229 F347

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMHERST NURSING AND CONVALESCENT HOME

Street Address:		City and State:	
4459 BAILEY AVE		BUFFALO, NY 14226	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	83	PROPRIETARY	04/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	9	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	77	98.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	77	98.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	98.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	88.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	43.6	43.8	39.1
Completely bedfast residents.	9	11.5	1.6	3.2
Residents confined to chairs.	63	80.8	57.9	52.3
Residents requiring restraints.	66	84.6	46.4	40.4
Confused or disoriented residents.	45	57.7	62.7	58.6
Residents with bed sores.	11	14.1	7.3	7.6
Residents receiving special skin care.	20	25.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141 F167* F204 F280

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMHERST PRESBYTERIAN NURSING CENTER

Street Address:		City and State:	
200 BASSETT RD		BUFFALO, NY 14221	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	200	NON-PROFIT OTHER	04/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
191	30	125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	164	85.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	168	88.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	175	91.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	183	95.8	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	60.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	9	4.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	17.3	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	91	47.6	57.9	52.3
Residents requiring restraints.	72	37.7	46.4	40.4
Confused or disoriented residents.	136	71.2	62.7	58.6
Residents with bed sores.	13	6.8	7.3	7.6
Residents receiving special skin care.	24	12.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141 F167* F168* F171 F325 F326

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DEACONESS SNF OF THE BUFFALO GEN HOSP

Street Address:		City and State:	
1001 HUMBOLDT PKWY		BUFFALO, NY 14208	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	162	NON-PROFIT OTHER	03/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
161	20	139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	144	89.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	157	97.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	147	91.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	94.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	125	77.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	77	47.8	43.8	39.1
Completely bedfast residents.	1	0.6	1.6	3.2
Residents confined to chairs.	86	53.4	57.9	52.3
Residents requiring restraints.	67	41.6	46.4	40.4
Confused or disoriented residents.	102	63.4	62.7	58.6
Residents with bed sores.	31	19.3	7.3	7.6
Residents receiving special skin care.	85	52.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050	F051*	F098	F103	F111*	F123*	F124	F141
F167*	F171	F228	F229	F343			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DOWNTOWN NH INC

Street Address:		City and State:	
200 SEVENTH ST		BUFFALO, NY 14201	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	80	NON-PROFIT PRIVATE	09/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	7	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	78	98.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	76	96.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	96.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	83.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	30.4	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	64	81.0	57.9	52.3
Residents requiring restraints.	41	51.9	46.4	40.4
Confused or disoriented residents.	29	36.7	62.7	58.6
Residents with bed sores.	16	20.3	7.3	7.6
Residents receiving special skin care.	9	11.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ERIE CO MEDICAL CENTER SNF

Street Address:		City and State:	
462 GRIDER ST		BUFFALO, NY 14215	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	120	LOCAL GOVERNMENT	07/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	6	112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	80.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	116	96.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	110	91.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	95.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	85.8	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	50.8	43.8	39.1
Completely bedfast residents.	3	2.5	1.6	3.2
Residents confined to chairs.	97	80.8	57.9	52.3
Residents requiring restraints.	83	69.2	46.4	40.4
Confused or disoriented residents.	75	62.5	62.7	58.6
Residents with bed sores.	17	14.2	7.3	7.6
Residents receiving special skin care.	5	4.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.3
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F051* F098 F123* F124 F141 F167* F171
F234 F240

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GEORGIAN COURT OF BUFFALO

Street Address:		City and State:	
1040 DELAWARE AVE		BUFFALO, NY 14209	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	134	PROPRIETARY	02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
129	5	105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	93.8	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	122	94.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	116	89.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	91.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	82.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	86	66.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	38.0	43.8	39.1
Completely bedfast residents.	4	3.1	1.6	3.2
Residents confined to chairs.	23	17.8	57.9	52.3
Residents requiring restraints.	81	62.8	46.4	40.4
Confused or disoriented residents.	73	56.6	62.7	58.6
Residents with bed sores.	6	4.7	7.3	7.6
Residents receiving special skin care.	12	9.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F169 F170

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HAMLIN TERRACE HEALTH CARE CENTER

Street Address:		City and State:	
1014 DELAWARE AVE		BUFFALO, NY 14209	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	04/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
198	14	125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	161	81.3	87.3	82.0
Dressing Residents requiring some or total assistance in dressing.	170	85.9	86.3	84.0
Toileting Residents requiring some or total assistance in toileting.	134	67.7	78.4	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	67.7	81.9	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	59.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	34	17.2	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	49	24.7	57.9	52.3
Residents requiring restraints.	63	31.8	46.4	40.4
Confused or disoriented residents.	117	59.1	62.7	58.6
Residents with bed sores.	7	3.5	7.3	7.6
Residents receiving special skin care.	7	3.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
MANHATTAN MANOR SNF

Street Address:		City and State:	
300 MANHATTAN AVE		BUFFALO, NY 14214	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	11/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	4	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	44	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	44	100	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	43	97.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	93.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	97.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	43.2	43.8	39.1
Completely bedfast residents.	1	2.3	1.6	3.2
Residents confined to chairs.	34	77.3	57.9	52.3
Residents requiring restraints.	34	77.3	46.4	40.4
Confused or disoriented residents.	42	95.5	62.7	58.6
Residents with bed sores.	5	11.4	7.3	7.6
Residents receiving special skin care.	20	45.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	296	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F051* F098 F111* F123* F124 F141 F167*
F171

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MERCY HOSP-ECF

Street Address:		City and State:	
565 ABBOTT RD		BUFFALO, NY 14220	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	74	NON-PROFIT RELIGIOUS	11/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	3	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	90.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	73	100	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	66	90.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	97.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	80.8	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	37.0	43.8	39.1
Completely bedfast residents.	1	1.4	1.6	3.2
Residents confined to chairs.	48	65.8	57.9	52.3
Residents requiring restraints.	55	75.3	46.4	40.4
Confused or disoriented residents.	40	54.8	62.7	58.6
Residents with bed sores.	4	5.5	7.3	7.6
Residents receiving special skin care.	43	58.9	30.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MILLARD FILLMORE HCSP SNF

Street Address:		City and State:	
3 GATES CIRCLE		BUFFALO, NY 14209	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	75	NON-PROFIT OTHER	03/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	19	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	95.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	73	98.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	73	98.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	79.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	48.6	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	40	54.1	57.9	52.3
Residents requiring restraints.	50	67.6	46.4	40.4
Confused or disoriented residents.	46	62.2	62.7	58.6
Residents with bed sores.	11	14.9	7.3	7.6
Residents receiving special skin care.	28	37.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F320

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NAZARETH NH

Street Address:		City and State:	
291 W NORTH ST		BUFFALO, NY 14201	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	125	NON-PROFIT OTHER	09/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
124	14	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	87.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	112	90.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	105	84.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	98.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	69.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	6	4.8	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	34.7	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	56	45.2	57.9	52.3
Residents requiring restraints.	78	62.9	46.4	40.4
Confused or disoriented residents.	53	42.7	62.7	58.6
Residents with bed sores.	11	8.9	7.3	7.6
Residents receiving special skin care.	39	31.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F051* F098 F123* F124 F141 F167* F171 F222

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NIAGARA LUTHERAN HOME, INC.

Street Address:		City and State:	
64 HAGER ST		BUFFALO, NY 14208	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	169	NON-PROFIT RELIGIOUS	03/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
165	12	108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	149	90.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	155	93.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	146	88.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	164	99.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	137	83.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	17	10.3	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	37.6	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	90	54.5	57.9	52.3
Residents requiring restraints.	80	48.5	46.4	40.4
Confused or disoriented residents.	91	55.2	62.7	58.6
Residents with bed sores.	9	5.5	7.3	7.6
Residents receiving special skin care.	40	24.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
RIDGE VIEW MANOR NH

Street Address:		City and State:	
300 DORRANCE AVE		BUFFALO, NY 14220	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	09/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	5	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	86.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	103	88.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	92	79.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	98.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	72.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	56.9	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	43	37.1	57.9	52.3
Residents requiring restraints.	52	44.8	46.4	40.4
Confused or disoriented residents.	96	82.8	62.7	58.6
Residents with bed sores.	26	22.4	7.3	7.6
Residents receiving special skin care.	47	40.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F098 F141 F167* F171

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROSA COPLON JEWISH NH AND INFIRMARY

Street Address:		City and State:	
10 SYMPHONY CIRCLE		BUFFALO, NY 14201	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	166	NON-PROFIT PRIVATE	05/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
165	11	111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	146	88.5	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	123	74.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	107	64.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	66.7	81.9	78.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	66.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	68	41.2	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	9.7	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	20	12.1	57.9	52.3
Residents requiring restraints.	52	31.5	46.4	40.4
Confused or disoriented residents.	68	41.2	62.7	58.6
Residents with bed sores.	9	5.5	7.3	7.6
Residents receiving special skin care.	37	22.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F280 F292

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST ANDREWS PRESBYTERIAN MANOR

Street Address:		City and State:	
1205 DELAWARE AVE		BUFFALO, NY 14209	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	91	NON-PROFIT RELIGIOUS	11/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	4	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	95.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	84	98.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	84	98.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	94.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	84	98.8	43.8	39.1
Completely bedfast residents.	2	2.4	1.6	3.2
Residents confined to chairs.	20	23.5	57.9	52.3
Residents requiring restraints.	68	80.0	46.4	40.4
Confused or disoriented residents.	75	88.2	62.7	58.6
Residents with bed sores.	7	8.2	7.3	7.6
Residents receiving special skin care.	48	56.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F204

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST LUKES PRESBYTERIAN NURSING CENTER

Street Address:		City and State:	
1175 DELAWARE AVE		BUFFALO, NY 14209	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	122	NON-PROFIT OTHER	01/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	25	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	73.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	96	80.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	91	76.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	99.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	60.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	32.8	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	70	58.8	57.9	52.3
Residents requiring restraints.	55	46.2	46.4	40.4
Confused or disoriented residents.	79	66.4	62.7	58.6
Residents with bed sores.	9	7.6	7.3	7.6
Residents receiving special skin care.	38	31.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST. CATHERINE LABOURE HEALTH CARE CTR

Street Address:		City and State:	
2157 MAIN ST		BUFFALO, NY 14214	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	80	NON-PROFIT PRIVATE	01/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	8	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	94.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	76	97.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	77	98.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	97.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	82.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	39.7	43.8	39.1
Completely bedfast residents.	1	1.3	1.6	3.2
Residents confined to chairs.	35	44.9	57.9	52.3
Residents requiring restraints.	60	76.9	46.4	40.4
Confused or disoriented residents.	58	74.4	62.7	58.6
Residents with bed sores.	4	5.1	7.3	7.6
Residents receiving special skin care.	29	37.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into acccunt individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
24 RHODE ISLAND NH CO INC

Street Address:		City and State:	
24 RHODE ISLAND ST		BUFFALO, NY 14213	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	128	NON-PROFIT RELIGIOUS	01/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
126	28	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	76.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	107	84.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	89	70.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	66.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	63.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	21.4	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	83	65.9	57.9	52.3
Residents requiring restraints.	7	5.6	46.4	40.4
Confused or disoriented residents.	52	41.3	62.7	58.6
Residents with bed sores.	10	7.9	7.3	7.6
Residents receiving special skin care.	55	43.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F172 F325 F331 F347 F348

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARY MCCLELLAN HOSP SNF

Street Address:		City and State:	
1 MYRTLE AVE		CAMBRIDGE, NY 12816	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	39	NON-PROFIT OTHER	09/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
38	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	34	89.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	34	89.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	86.8	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	50.0	43.8	39.1
Completely bedfast residents.	2	5.3	1.6	3.2
Residents confined to chairs.	33	86.8	57.9	52.3
Residents requiring restraints.	23	60.5	46.4	40.4
Confused or disoriented residents.	27	71.1	62.7	58.6
Residents with bed sores.	3	7.9	7.3	7.6
Residents receiving special skin care.	30	78.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
DOANES NH

Street Address:		City and State:	
RD 2 BOX291		CAMPBELL HALL, NY 10916	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	04/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
114	7	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	71.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	87	76.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	74	64.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	65.8	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	45.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	17.5	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	24	21.1	57.9	52.3
Residents requiring restraints.	36	31.6	46.4	40.4
Confused or disoriented residents.	42	36.8	62.7	58.6
Residents with bed sores.	7	6.1	7.3	7.6
Residents receiving special skin care.	8	7.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
ELM MANOR NH

Street Address:		City and State:	
210 NORTH MAIN ST		CANANDAIGUA, NY 14424	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	46	PROPRIETARY	08/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	3	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	95.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	44	95.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	44	95.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	95.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	82.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	2.2	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	52.2	43.8	39.1
Completely bedfast residents.	1	2.2	1.6	3.2
Residents confined to chairs.	35	76.1	57.9	52.3
Residents requiring restraints.	35	76.1	46.4	40.4
Confused or disoriented residents.	33	71.7	62.7	58.6
Residents with bed sores.	7	15.2	7.3	7.6
Residents receiving special skin care.	22	47.8	38.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F331

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
F F THOMPSON NH

Street Address:		City and State:	
350 PARRISH ST		CANANDAIGUA, NY 14424	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	108	NON-PROFIT OTHER	06/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
107	9	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	60.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	69	64.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	66	61.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	61.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	67.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	18.7	43.8	39.1
Completely bedfast residents.	1	0.9	1.6	3.2
Residents confined to chairs.	34	31.8	57.9	52.3
Residents requiring restraints.	37	34.6	46.4	40.4
Confused or disoriented residents.	62	57.9	62.7	58.6
Residents with bed sores.	4	3.7	7.3	7.6
Residents receiving special skin care.	34	31.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F179

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ONTARIO CO HEALTH FACILITY

Street Address:		City and State:	
3893 COUNTY ROAD 46		CANANDAIGUA, NY 14424	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	98	LOCAL GOVERNMENT	07/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	2	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	92.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	90	91.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	91	92.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	74.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	53.1	43.8	39.1
Completely bedfast residents.	1	1.0	1.6	3.2
Residents confined to chairs.	19	19.4	57.9	52.3
Residents requiring restraints.	38	38.8	46.4	40.4
Confused or disoriented residents.	77	78.6	62.7	58.6
Residents with bed sores.	1	1.0	7.3	7.6
Residents receiving special skin care.	57	58.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F168*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
UNITED HELPERS CANTON NH

Street Address:		City and State:	
WEST MAIN ST		CANTON, NY 13617	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	160	NON-PROFIT OTHER	04/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
158	2	130

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	62.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	109	69.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	89	56.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	50.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	51.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	22.8	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	52	32.9	57.9	52.3
Residents requiring restraints.	8	5.1	46.4	40.4
Confused or disoriented residents.	85	53.8	62.7	58.6
Residents with bed sores.	9	5.7	7.3	7.6
Residents receiving special skin care.	22	13.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
CARTHAGE AREA HOSP SNF

Street Address:		City and State:	
WEST STREET ROAD		CARTHAGE, NY 13619	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	30	NON-PROFIT PRIVATE	10/25/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
30	3	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	30	100	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	29	96.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	60.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	2	6.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	43.3	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	24	80.0	57.9	52.3
Residents requiring restraints.	4	13.3	46.4	40.4
Confused or disoriented residents.	15	50.0	62.7	58.6
Residents with bed sores.	4	13.3	7.3	7.6
Residents receiving special skin care.	7	23.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
GREENBRIAR NH

Street Address:		City and State:	
WEST STREET RD		CARTHAGE, NY 13619	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	40	PROPRIETARY	05/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	92.5	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	38	95.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	37	92.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	92.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	82.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	50.0	43.8	39.1
Completely bedfast residents.	1	2.5	1.6	3.2
Residents confined to chairs.	31	77.5	57.9	52.3
Residents requiring restraints.	22	55.0	46.4	40.4
Confused or disoriented residents.	24	60.0	62.7	58.6
Residents with bed sores.	1	2.5	7.3	7.6
Residents receiving special skin care.	40	100	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F195

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RESURRECTION REST HOME

Street Address:		City and State:	
MOUNT ST JOSEPH		CASTLETON, NY 12033	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	48	NON-PROFIT RELIGIOUS	11/18/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	95.8	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	46	95.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	43	89.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	91.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	81.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	35.4	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	11	22.9	57.9	52.3
Residents requiring restraints.	30	62.5	46.4	40.4
Confused or disoriented residents.	29	60.4	62.7	58.6
Residents with bed sores.	0	0.0	7.3	7.6
Residents receiving special skin care.	3	6.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
COLUMBIA GREENE MED CENTER INC LTC DIV

Street Address:		City and State:	
161 JEFFERSON HEIGHTS		CATSKILL, NY 12414	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	04/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	7	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	97.5	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	98	81.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	95	79.2	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	77.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	70.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	45.8	43.8	39.1
Completely bedfast residents.	3	2.5	1.6	3.2
Residents confined to chairs.	78	65.0	57.9	52.3
Residents requiring restraints.	38	31.7	46.4	40.4
Confused or disoriented residents.	58	48.3	62.7	58.6
Residents with bed sores.	14	11.7	7.3	7.6
Residents receiving special skin care.	43	35.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET		0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F325 F331

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EDEN PARK NH

Street Address:		City and State:	
154 JEFFERSON HEIGHTS		CATSKILL, NY 12414	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	136	PROPRIETARY	07/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
134	2	115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	70.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	120	89.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	102	76.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	81.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	73.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	35.1	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	66	49.3	57.9	52.3
Residents requiring restraints.	57	42.5	46.4	40.4
Confused or disoriented residents.	74	55.2	62.7	58.6
Residents with bed sores.	4	3.0	7.3	7.6
Residents receiving special skin care.	11	8.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F334

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CEDAR LODGE NH

Street Address:		City and State:	
FROWEIN RD		CENTER MORICHES, NY 11934	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	100	PROPRIETARY	06/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	5	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	92.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	93	96.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	87	90.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	93.8	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	85.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	49.0	43.8	39.1
Completely bedfast residents.	5	5.2	1.6	3.2
Residents confined to chairs.	82	85.4	57.9	52.3
Residents requiring restraints.	66	68.8	46.4	40.4
Confused or disoriented residents.	52	54.2	62.7	58.6
Residents with bed sores.	17	17.7	7.3	7.6
Residents receiving special skin care.	10	10.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F098 F167* F215 F357

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GARDEN GATE MANOR

Street Address:		City and State:	
2365 UNION RD		CHEEKTOWAGA, NY 14227	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	05/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
153	10	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	66.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	120	78.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	113	73.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	72.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	44.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	15	9.8	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	22.9	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	40	26.1	57.9	52.3
Residents requiring restraints.	72	47.1	46.4	40.4
Confused or disoriented residents.	98	64.1	62.7	58.6
Residents with bed sores.	24	15.7	7.3	7.6
Residents receiving special skin care.	36	23.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050	F051*	F098	F107	F111*	F117	F118	F123*
F124	F141	F167*	F171	F204	F206	F280	F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MANOR OAK SNF INC

Street Address:		City and State:	
3600 HARLEM RD		CHEEKTOWAGA, NY 14225	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	158	PROPRIETARY	02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
155	33	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	149	96.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	151	97.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	151	97.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	99.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	76.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	4	2.6	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	29.0	43.8	39.1
Completely bedfast residents.	6	3.9	1.6	3.2
Residents confined to chairs.	113	72.9	57.9	52.3
Residents requiring restraints.	106	68.4	46.4	40.4
Confused or disoriented residents.	95	61.3	62.7	58.6
Residents with bed sores.	17	11.0	7.3	7.6
Residents receiving special skin care.	87	56.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in *similar* facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
STONEHEDGE CHITTENANGO NH

Street Address:		City and State:	
331 RUSSELL ST		CHITTENANGO, NY 13037	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	02/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	3	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	65.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	52	65.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	50	62.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	61.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	60.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	20.0	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	5	6.3	57.9	52.3
Residents requiring restraints.	30	37.5	46.4	40.4
Confused or disoriented residents.	37	46.2	62.7	58.6
Residents with bed sores.	0	0.0	7.3	7.6
Residents receiving special skin care.	11	13.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
BROTHERS OF MERCY NH CO

Street Address:		City and State:	
10570 BERGTOLD ROAD		CLARENCE, NY 14031	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	240	NON-PROFIT OTHER	11/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
237	12	155

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	187	78.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	205	86.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	184	77.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	195	82.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	148	62.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	24	10.1	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	97	40.9	43.8	39.1
Completely bedfast residents.	1	0.4	1.6	3.2
Residents confined to chairs.	113	47.7	57.9	52.3
Residents requiring restraints.	98	41.4	46.4	40.4
Confused or disoriented residents.	104	43.9	62.7	58.6
Residents with bed sores.	23	9.7	7.3	7.6
Residents receiving special skin care.	209	88.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141 F167* F280 F292

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLIFTON SPRINGS HOSP SNF

Street Address:		City and State:	
2 COULTER RD		CLIFTON SPRINGS, NY 14432	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	60	NON-PROFIT PRIVATE	11/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	7	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	93.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	57	96.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	53	89.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	93.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	84.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	35.6	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	43	72.9	57.9	52.3
Residents requiring restraints.	12	20.3	46.4	40.4
Confused or disoriented residents.	27	45.8	62.7	58.6
Residents with bed sores.	9	15.3	7.3	7.6
Residents receiving special skin care.	46	78.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F195 F197 F204 F341

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARTIN LUTHER NH INC

Street Address:		City and State:	
110 UTICA RD		CLINTON, NY 13323	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	160	NON-PROFIT OTHER	10/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
159	3	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	77.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	115	72.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	101	63.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	59.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	61.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	14	8.8	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	22.0	43.8	39.1
Completely bedfast residents.	4	2.5	1.6	3.2
Residents confined to chairs.	102	64.2	57.9	52.3
Residents requiring restraints.	28	17.6	46.4	40.4
Confused or disoriented residents.	97	61.0	62.7	58.6
Residents with bed sores.	12	7.5	7.3	7.6
Residents receiving special skin care.	37	23.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 12 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
EDEN PARK NH

Street Address:		City and State:	
PARKWAY DR		COBLESKILL, NY 12043	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	07/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
121	4	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	92.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	92	76.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	102	84.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	82.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	73.6	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	30.6	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	93	76.9	57.9	52.3
Residents requiring restraints.	72	59.5	46.4	40.4
Confused or disoriented residents.	95	78.5	62.7	58.6
Residents with bed sores.	7	5.8	7.3	7.6
Residents receiving special skin care.	94	77.7	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051* F052* F325 F326

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAPITAL REGION FORD NH

Street Address:		City and State:	
WEST COLUMBIA ST		COHOES, NY 12047	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	80	NON-PROFIT OTHER	09/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	2	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	97.5	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	77	97.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	72	91.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	92.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	81.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	16	20.3	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	31.6	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	49	62.0	57.9	52.3
Residents requiring restraints.	38	48.1	46.4	40.4
Confused or disoriented residents.	48	60.8	62.7	58.6
Residents with bed sores.	7	8.9	7.3	7.6
Residents receiving special skin care.	23	29.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F240

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CAPITAL REGION GERIATRIC CENTER INC

Street Address:		City and State:	
421 W COLUMBIA ST		COHOES, NY 12047	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	72	NON-PROFIT OTHER	04/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
23	20	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	30.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	19	82.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	17	73.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	73.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	17.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	4.3	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	6	26.1	57.9	52.3
Residents requiring restraints.	2	8.7	46.4	40.4
Confused or disoriented residents.	5	21.7	62.7	58.6
Residents with bed sores.	4	17.4	7.3	7.6
Residents receiving special skin care.	8	34.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141 F167*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WOODCREST NH

Street Address:		City and State:	
119 09 26 AVE		COLLEGE POINT, NY 11356	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	PROPRIETARY	02/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
193	15	178

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	193	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	173	89.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	159	82.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	86.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	160	82.9	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	40.4	43.8	39.1
Completely bedfast residents.	2	1.0	1.6	3.2
Residents confined to chairs.	146	75.6	57.9	52.3
Residents requiring restraints.	139	72.0	46.4	40.4
Confused or disoriented residents.	159	82.4	62.7	58.6
Residents with bed sores.	8	4.1	7.3	7.6
Residents receiving special skin care.	58	30.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F311 F320 F341

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROS & JOSEPH GURWIN JEWISH GERIATRIC

Street Address:		City and State:	
74 HAUPPAUGE RD		COMMACK, NY 11725	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	300	NON-PROFIT PRIVATE	03/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
183	47	118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	151	82.5	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	177	96.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	169	92.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	180	98.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	66.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	16	8.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	169	92.3	43.8	39.1
Completely bedfast residents.	3	1.6	1.6	3.2
Residents confined to chairs.	113	61.7	57.9	52.3
Residents requiring restraints.	103	56.3	46.4	40.4
Confused or disoriented residents.	22	12.0	62.7	58.6
Residents with bed sores.	37	20.2	7.3	7.6
Residents receiving special skin care.	54	29.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141 F179 F215 F357

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEADOWS-THE

Street Address:		City and State:	
RD 3		COOPERSTOWN, NY 13326	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	174	LOCAL GOVERNMENT	05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
172	2	131

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	166	96.5	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	157	91.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	132	76.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	76.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	132	76.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	30.8	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	88	51.2	57.9	52.3
Residents requiring restraints.	40	23.3	46.4	40.4
Confused or disoriented residents.	106	61.6	62.7	58.6
Residents with bed sores.	7	4.1	7.3	7.6
Residents receiving special skin care.	34	19.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
FOUNDERS PAVILION CORNING HOSP SNF

Street Address:		City and State:	
205 E 1ST ST		CORNING, NY 14830	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	120	NON-PROFIT OTHER	08/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	6	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	95.8	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	116	98.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	115	97.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	98.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	117	99.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	50.0	43.8	39.1
Completely bedfast residents.	1	0.8	1.6	3.2
Residents confined to chairs.	98	83.1	57.9	52.3
Residents requiring restraints.	98	83.1	46.4	40.4
Confused or disoriented residents.	116	98.3	62.7	58.6
Residents with bed sores.	6	5.1	7.3	7.6
Residents receiving special skin care.	65	55.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141 F171 F240

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CORTLAND NH

Street Address:		City and State:	
193 CLINTON AVE		CORTLAND, NY 13045	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	80	PROPRIETARY	07/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	1	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	93.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	75	96.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	74	94.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	97.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	96.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	18	23.1	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	57.7	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	40	51.3	57.9	52.3
Residents requiring restraints.	37	47.4	46.4	40.4
Confused or disoriented residents.	60	76.9	62.7	58.6
Residents with bed sores.	4	5.1	7.3	7.6
Residents receiving special skin care.	26	33.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
NEW MEDICO REHAB.OF CORTLAND

Street Address:	City and State:		
28 KELLOGG ROAD	CORTLAND, NY 13045		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	04/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
189	5	112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	160	84.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	170	89.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	154	81.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	175	92.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	140	74.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	3	1.6	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	38.1	43.8	39.1
Completely bedfast residents.	3	1.6	1.8	3.2
Residents confined to chairs.	109	57.7	57.9	52.3
Residents requiring restraints.	98	51.9	46.4	40.4
Confused or disoriented residents.	92	48.7	62.7	58.6
Residents with bed sores.	10	5.3	7.3	7.6
Residents receiving special skin care.	79	41.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
SKY VIEW HAVEN NH

Street Address:		City and State:	
ALBANY POST ROAD		CROTON ON HUDSON, NY 10522	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	11/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
157	3	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	129	82.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	133	84.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	106	67.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	69.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	63.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	38.2	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	55	35.0	57.9	52.3
Residents requiring restraints.	66	42.0	46.4	40.4
Confused or disoriented residents.	98	62.4	62.7	58.6
Residents with bed sores.	2	1.3	7.3	7.6
Residents receiving special skin care.	44	28.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided accerding to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
CUBA MEMORIAL HOSP

Street Address:		City and State:	
140 W MAIN ST		CUBA, NY 14727	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	46	NON-PROFIT OTHER	07/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	3	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	91.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	45	97.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	46	100	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	91.3	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	37.0	43.8	39.1
Completely bedfast residents.	3	6.5	1.6	3.2
Residents confined to chairs.	16	34.8	57.9	52.3
Residents requiring restraints.	28	60.9	46.4	40.4
Confused or disoriented residents.	27	58.7	62.7	58.6
Residents with bed sores.	0	0.0	7.3	7.6
Residents receiving special skin care.	8	17.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141 F167* F171 F331

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
DELAWARE CO HOME INF

Street Address:		City and State:	
RT 1 BOX 417		DELHI, NY 13753	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	199	LOCAL GOVERNMENT	07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
191	0	152

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	168	88.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	160	83.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	143	74.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	74.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	63.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	41.9	43.8	39.1
Completely bedfast residents.	2	1.0	1.6	3.2
Residents confined to chairs.	75	39.3	57.9	52.3
Residents requiring restraints.	91	47.6	46.4	40.4
Confused or disoriented residents.	106	55.5	62.7	58.6
Residents with bed sores.	33	17.3	7.3	7.6
Residents receiving special skin care.	89	46.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
GOOD SAMARITAN NH CO INC

Street Address:		City and State:	
125 ROCKEFELLER RD		DELMAR, NY 12054	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	NON-PROFIT OTHER	03/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	78.6	63.9	78.5
Dressing Residents requiring some or total assistance in dressing.	60	61.2	47.3	76.5
Toileting Residents requiring some or total assistance in toileting.	22	22.4	22.8	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	10.2	30.8	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	75.5	22.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	4	4.1	8.6	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	1	1.0	12.0	40.9
Residents requiring restraints.	3	3.1	3.0	30.9
Confused or disoriented residents.	37	37.8	29.7	55.4
Residents with bed sores.	1	1.0	0.8	4.8
Residents receiving special skin care.	11	11.2	13.7	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	2	5.7	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	0	0.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	2.9	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	0	0.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	1	2.9	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.9	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	8.6	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
ST CABRINI NH

Street Address:		City and State:	
115 SOUTH BROADWAY		DOBBS FERRY, NY 10522	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	NON-PROFIT OTHER	10/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
195	21	157

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	174	89.2	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	176	90.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	158	81.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	174	89.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	155	79.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	2	1.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	36.9	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	133	68.2	57.9	52.3
Residents requiring restraints.	113	57.9	46.4	40.4
Confused or disoriented residents.	136	69.7	62.7	58.6
Residents with bed sores.	16	8.2	7.3	7.6
Residents receiving special skin care.	75	38.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
CHAUTAUQUA CO INFIRMARY

Street Address:		City and State:	
TEMPLE RD		DUNKIRK, NY 14048	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	216	LOCAL GOVERNMENT	11/21/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
216	19	158

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	195	90.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	206	95.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	196	90.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	181	83.8	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	165	76.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	10	4.6	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	75	34.7	43.8	39.1
Completely bedfast residents.	4	1.9	1.6	3.2
Residents confined to chairs.	183	84.7	57.9	52.3
Residents requiring restraints.	88	40.7	46.4	40.4
Confused or disoriented residents.	126	58.3	62.7	58.6
Residents with bed sores.	25	11.6	7.3	7.6
Residents receiving special skin care.	24	11.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141 F167* F204 F215

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARK SHORE HEALTH CARE CENTER

Street Address:		City and State:	
447 449 LAKE SHORE DR W		DUNKIRK, NY 14048	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	40	PROPRIETARY	10/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	7	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	79.5	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	39	100	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	39	100	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	97.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	66.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	53.8	43.8	39.1
Completely bedfast residents.	1	2.6	1.6	3.2
Residents confined to chairs.	32	82.1	57.9	52.3
Residents requiring restraints.	8	20.5	46.4	40.4
Confused or disoriented residents.	12	30.8	62.7	58.6
Residents with bed sores.	5	12.8	7.3	7.6
Residents receiving special skin care.	27	69.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F280

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AURORA PARK NH

Street Address:		City and State:	
292 MAIN ST		EAST AURORA, NY 14052	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	320	PROPRIETARY	01/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
312	5	180

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	250	80.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	252	80.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	215	68.9	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	204	65.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	198	63.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.3	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	86	27.6	43.8	39.1
Completely bedfast residents.	3	1.0	1.6	3.2
Residents confined to chairs.	72	23.1	57.9	52.3
Residents requiring restraints.	130	41.7	46.4	40.4
Confused or disoriented residents.	167	53.5	62.7	58.6
Residents with bed sores.	51	16.3	7.3	7.6
Residents receiving special skin care.	56	17.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F167* F168*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LITTLE FLOWER NH

Street Address:	City and State:		
340 E MONTAUK HGWY	EAST ISLIP, NY 11730		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	06/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
156	3	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. it may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	152	97.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	121	77.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	104	66.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	98.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	64.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	25.6	43.8	39.1
Completely bedfast residents.	2	1.3	1.6	3.2
Residents confined to chairs.	111	71.2	57.9	52.3
Residents requiring restraints.	70	44.9	46.4	40.4
Confused or disoriented residents.	101	64.7	62.7	58.6
Residents with bed sores.	9	5.8	7.3	7.6
Residents receiving special skin care.	10	6.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	NOT MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051* F141 F215 F325 F331

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROOKHAVEN HEALTH CARE FACILITY SNF

Street Address:		City and State:	
801 GAZZOLA BLVD		EAST PATCHOGUE, NY 11772	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	07/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
153	17	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	77.8	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	117	76.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	122	79.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	77.8	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	45.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	26.8	43.8	39.1
Completely bedfast residents.	2	1.3	1.6	3.2
Residents confined to chairs.	35	22.9	57.9	52.3
Residents requiring restraints.	84	54.9	46.4	40.4
Confused or disoriented residents.	62	40.5	62.7	58.6
Residents with bed sores.	8	5.2	7.3	7.6
Residents receiving special skin care.	13	8.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F212 F325 F331

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUNNYSIDE NH

Street Address:		City and State:	
BRIDGEPORT-COLLAMER RD		EAST SYRACUSE, NY 13057	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	85	PROPRIETARY	08/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	94.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	85	100	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	81	95.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	92.9	72.0	69.4
Residents on individually written bowel and bladder retraining program.	3	3.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	85	100	43.8	39.1
Completely bedfast residents.	3	3.5	1.6	3.2
Residents confined to chairs.	19	22.4	57.9	52.3
Residents requiring restraints.	53	62.4	46.4	40.4
Confused or disoriented residents.	76	89.4	62.7	58.6
Residents with bed sores.	0	0.0	7.3	7.6
Residents receiving special skin care.	20	23.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F171 F179 F280 F320 F331 F341 F347

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
G SMITH MEM HOME AND INFIRMARY

Street Address:		City and State:	
RIVER RD		EATON, NY 13334	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	95	LOCAL GOVERNMENT	06/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	4	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	91.6	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	87	91.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	83	87.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	91.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	81.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	44.2	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	79	83.2	57.9	52.3
Residents requiring restraints.	34	35.8	46.4	40.4
Confused or disoriented residents.	55	57.9	62.7	58.6
Residents with bed sores.	7	7.4	7.3	7.6
Residents receiving special skin care.	35	36.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
ARDOR PARK HEALTH CARE CENTER

Street Address:		City and State:	
2806 GEORGE ST		EDEN, NY 14057	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	40	PROPRIETARY	12/22/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	1	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	40	100	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	39	97.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	95.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	40.0	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	3	7.5	57.9	52.3
Residents requiring restraints.	18	45.0	46.4	40.4
Confused or disoriented residents.	21	52.5	62.7	58.6
Residents with bed sores.	3	7.5	7.3	7.6
Residents receiving special skin care.	4	10.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F171 F215

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HORACE NYE HOME

Street Address:		City and State:	
PARK ST		ELIZABETHTOWN, NY 12932	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	LOCAL GOVERNMENT	08/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	1	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	88.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	87	87.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	70	70.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	87.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	62.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	38.0	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	53	53.0	57.9	52.3
Residents requiring restraints.	5	5.0	46.4	40.4
Confused or disoriented residents.	53	53.0	62.7	58.6
Residents with bed sores.	0	0.0	7.3	7.6
Residents receiving special skin care.	19	19.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
ARNOT-OGDEN MEMORIAL HOSPITAL SNF

Street Address:		City and State:	
ROE AVENUE		ELMIRA, NY 14901	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	40	NON-PROFIT PRIVATE	08/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	2	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	95.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	38	95.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	34	85.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	60.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	35.0	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	13	32.5	57.9	52.3
Residents requiring restraints.	22	55.0	46.4	40.4
Confused or disoriented residents.	21	52.5	62.7	58.6
Residents with bed sores.	1	2.5	7.3	7.6
Residents receiving special skin care.	15	37.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
CHEMUNG CO HEALTH CTR NURS FACILITY

Street Address:		City and State:	
HERITAGE PARK JOHN ST		ELMIRA, NY 14901	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	LOCAL GOVERNMENT	10/1[illegible]/86

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
200	5	185

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	189	94.5	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	195	97.5	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	191	95.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	191	95.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	175	87.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	110	55.0	43.8	39.1
Completely bedfast residents.	1	0.5	1.6	3.2
Residents confined to chairs.	189	94.5	57.9	52.3
Residents requiring restraints.	154	77.0	46.4	40.4
Confused or disoriented residents.	148	74.0	62.7	58.6
Residents with bed sores.	24	12.0	7.3	7.6
Residents receiving special skin care.	63	31.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F204

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST JOSEPHS HOSP EXTENDED CARE UNIT

Street Address:		City and State:	
555 E MARKET ST		ELMIRA, NY 14902	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	31	NON-PROFIT RELIGIOUS	09/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
31	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	31	100	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	31	100	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	100	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	100	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	51.6	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	23	74.2	57.9	52.3
Residents requiring restraints.	11	35.5	46.4	40.4
Confused or disoriented residents.	19	61.3	62.7	58.6
Residents with bed sores.	2	6.5	7.3	7.6
Residents receiving special skin care.	9	29.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F331

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SULLLIVAN PARK HEALTH CARE CENTER INC

Street Address:		City and State:	
301 NANTUCKET DRIVE		ENDICOTT, NY 13760	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	06/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	8	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	85.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	92	92.0	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	83	83.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	97.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	67.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	43.0	43.8	39.1
Completely bedfast residents.	1	1.0	1.6	3.2
Residents confined to chairs.	61	61.0	57.9	52.3
Residents requiring restraints.	49	49.0	46.4	40.4
Confused or disoriented residents.	64	64.0	62.7	58.6
Residents with bed sores.	8	8.0	7.3	7.6
Residents receiving special skin care.	28	28.0	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
CREST MANOR NH

Street Address:		City and State:	
6745 PITTSFORD PALMYRA RD		FAIRPORT, NY 14450	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	80	PROPRIETARY	05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	4	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	94.9	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	75	96.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	76	97.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	87.2	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	88.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	26.9	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	69	88.5	57.9	52.3
Residents requiring restraints.	59	75.6	46.4	40.4
Confused or disoriented residents.	62	79.5	62.7	58.6
Residents with bed sores.	0	0.0	7.3	7.6
Residents receiving special skin care.	4	5.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
FAIRPORT BAPTIST HOME

Street Address:		City and State:	
4646 NINE MILE PT ROAD		FAIRPORT, NY 14450	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	196	NON-PROFIT RELIGIOUS	02/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
191	0	129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	186	97.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	142	74.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	104	54.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	190	99.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	59.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	20.9	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	74	38.7	57.9	52.3
Residents requiring restraints.	40	20.9	46.4	40.4
Confused or disoriented residents.	101	52.9	62.7	58.6
Residents with bed sores.	6	3.1	7.3	7.6
Residents receiving special skin care.	25	13.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F179

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BEZALEL NH

Street Address:		City and State:	
29-38 FAR ROCKAWAY BLVD		FAR ROCKAWAY, NY 11691	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	10/25/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	0	113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	62.1	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	67	57.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	53	45.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	54.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	40.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	28.4	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	48	41.4	57.9	52.3
Residents requiring restraints.	34	29.3	46.4	40.4
Confused or disoriented residents.	60	51.7	62.7	58.6
Residents with bed sores.	4	3.4	7.3	7.6
Residents receiving special skin care.	50	43.1	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROOKHAVEN BEACH HRF SNF SECT

Street Address:		City and State:	
250 BEACH 17TH ST		FAR ROCKAWAY, NY 11691	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	298	PROPRIETARY	04/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
269	12	237

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	234	87.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	228	84.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	138	51.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	52.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	45.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	22.7	43.8	39.1
Completely bedfast residents.	3	1.1	1.6	3.2
Residents confined to chairs.	112	41.6	57.9	52.3
Residents requiring restraints.	80	29.7	46.4	40.4
Confused or disoriented residents.	204	75.8	62.7	58.6
Residents with bed sores.	5	1.9	7.3	7.6
Residents receiving special skin care.	25	9.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141 F167* F168* F189 F190 F222 F223

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FAR ROCKAWAY NH

Street Address:		City and State:	
13-11 VIRGINIA ST		FAR ROCKAWAY, NY 11691	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	100	PROPRIETARY	07/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	6	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	100	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	91	92.9	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	76	77.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	79.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	90.8	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	56.1	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	69	70.4	57.9	52.3
Residents requiring restraints.	18	18.4	46.4	40.4
Confused or disoriented residents.	98	100	62.7	58.6
Residents with bed sores.	3	3.1	7.3	7.6
Residents receiving special skin care.	46	46.9	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET.	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
HAVEN MANOR HEALTH CARE CENTER

Street Address:		City and State:	
1441 GATEWAY BLVD		FAR ROCKAWAY, NY 11691	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	03/22/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
235	5	226

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	134	57.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	132	56.2	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	55	23.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	28.1	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	27.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	9.4	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	52	22.1	57.9	52.3
Residents requiring restraints.	41	17.4	46.4	40.4
Confused or disoriented residents.	208	88.5	62.7	58.6
Residents with bed sores.	4	1.7	7.3	7.6
Residents receiving special skin care.	60	25.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
NEW SURFSIDE NURSING HOME

Street Address:		City and State:	
22 35 44 NEW HAVEN AVE		FAR ROCKAWAY, NY 11691	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	175	PROPRIETARY	03/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
165	0	157

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	159	96.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	153	92.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	148	89.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	86.7	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	146	88.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	35.2	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	120	72.7	57.9	52.3
Residents requiring restraints.	58	35.2	46.4	40.4
Confused or disoriented residents.	131	79.4	62.7	58.6
Residents with bed sores.	17	10.3	7.3	7.6
Residents receiving special skin care.	91	55.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F141 F167* F179 F234 F320

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OCEAN PROMENADE HRF

Street Address:		City and State:	
140 B 113TH ST		FAR ROCKAWAY, NY 11694	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	12/19/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
111	0	108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	99.1	63.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	23	20.7	47.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	7	6.3	22.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	49.5	30.8	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	8.1	22.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	9.9	8.6	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	21	18.9	12.0	40.9
Residents requiring restraints.	0	0.0	3.0	30.9
Confused or disoriented residents.	18	16.2	29.7	55.4
Residents with bed sores.	0	0.0	0.8	4.8
Residents receiving special skin care.	10	9.0	13.7	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	2	5.7	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	0	0.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	1	2.9	26	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	0	0.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	1	2.9	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.9	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	3	8.6	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F112*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OCEANVIEW NH

Street Address:		City and State:	
315 BEACH 9TH ST		FAR ROCKAWAY, NY 11691	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	120	PROPRIETARY	12/01/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	7	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	99.0	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	85	87.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	89	91.8	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	81.4	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	90.7	72.0	69.4
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	80.4	43.8	39.1
Completely bedfast residents.	1	1.0	1.6	3.2
Residents confined to chairs.	70	72.2	57.9	52.3
Residents requiring restraints.	50	51.5	46.4	40.4
Confused or disoriented residents.	74	76.3	62.7	58.6
Residents with bed sores.	4	4.1	7.3	7.6
Residents receiving special skin care.	25	25.8	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
PARK NH

Street Address:		City and State:	
128 BEACH 115TH ST		FAR ROCKAWAY, NY 11694	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	196	PROPRIETARY	01/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
183	18	158

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	166	90.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	169	92.3	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	164	89.6	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	164	89.6	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	150	82.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	131	71.6	43.8	39.1
Completely bedfast residents.	2	1.1	1.6	3.2
Residents confined to chairs.	150	82.0	57.9	52.3
Residents requiring restraints.	82	44.8	46.4	40.4
Confused or disoriented residents.	134	73.2	62.7	58.6
Residents with bed sores.	18	9.8	7.3	7.6
Residents receiving special skin care.	43	23.5	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F111* F167* F171 F197

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PENINSULA GENERAL NH

Street Address:		City and State:	
50-15 BEACH CHANNEL DR		FAR ROCKAWAY, NY 11691	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	NON-PROFIT OTHER	09/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
196	30	160

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	173	88.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	183	93.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	168	85.7	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	186	94.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	163	83.2	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.5	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	86	43.9	43.8	39.1
Completely bedfast residents.	7	3.6	1.6	3.2
Residents confined to chairs.	182	92.9	57.9	52.3
Residents requiring restraints.	115	58.7	46.4	40.4
Confused or disoriented residents.	13	6.6	62.7	58.6
Residents with bed sores.	28	14.3	7.3	7.6
Residents receiving special skin care.	136	69.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
QUEENS NASSAU NH

Street Address:		City and State:	
520 BEACH 19TH ST		FAR ROCKAWAY, NY 11691	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	200	PROPRIETARY	10/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
192	15	176

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	187	97.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	180	93.8	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	168	87.5	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	87.0	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	164	85.4	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	133	69.3	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	172	89.6	57.9	52 3
Residents requiring restraints.	116	60.4	46.4	40.4
Confused or disoriented residents.	134	69.8	62.7	58.6
Residents with bed sores.	19	9.9	7.3	7.6
Residents receiving special skin care.	66	34.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
RESORT NH

Street Address:		City and State:	
425 BEACH 67TH ST		FAR ROCKAWAY, NY 11692	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	280	PROPRIETARY	03/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
271	50	220

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	262	96.7	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	243	89.7	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	245	90.4	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	241	88.9	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	236	87.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	160	59.0	43.8	39.1
Completely bedfast residents.	10	3.7	1.6	3.2
Residents confined to chairs.	180	66.4	57.9	52.3
Residents requiring restraints.	148	54.6	46.4	40.4
Confused or disoriented residents.	235	86.7	62.7	58.6
Residents with bed sores.	18	6.6	7.3	7.6
Residents receiving special skin care.	82	30.3	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F197 F212

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROCKAWAY CARE CENTER

Street Address:		City and State:	
353 BEACH 48TH ST		FAR ROCKAWAY, NY 11691	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	215	PROPRIETARY	02/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
204	7	195

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	162	79.4	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	143	70.1	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	145	71.1	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	49.5	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	45.1	72.0	69.4
Residents on individually written bowel and bladder retraining program.	24	11.8	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	28.4	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	36	17.6	57.9	52.3
Residents requiring restraints.	60	29.4	46.4	40.4
Confused or disoriented residents.	149	73.0	62.7	58.6
Residents with bed sores.	5	2.5	7.3	7.6
Residents receiving special skin care.	86	42.2	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
ST JOHN'S EPISCOPAL NH

Street Address:		City and State:	
17-11 BROOKHAVEN AVE		FAR ROCKAWAY, NY 11691	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	163	NON-PROFIT RELIGIOUS	03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
152	28	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	151	99.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	145	95.4	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	113	74.3	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	88.8	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	130	85.5	72.0	69.4
Residents on individually written bowel and bladder retraining program.	1	0.7	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	46.7	43.8	39.1
Completely bedfast residents.	0	0.0	1.6	3.2
Residents confined to chairs.	111	73.0	57.9	52.3
Residents requiring restraints.	64	42.1	46.4	40.4
Confused or disoriented residents.	110	72.4	62.7	58.6
Residents with bed sores.	10	6.6	7.3	7.6
Residents receiving special skin care.	63	41.4	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F341 F347

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WEST LAWRENCE CARE CENTER

Street Address:		City and State:	
1410 SEAGIRT BLVD		FAR ROCKAWAY, NY 11691	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	210	PROPRIETARY	07/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
207	0	186

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	63.8	63.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	91	44.0	47.3	76.5
Toileting				
Residents requiring some or total assistance in toileting.	50	24.2	22.8	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	39.6	30.8	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	24.2	22.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.1	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	16.9	8.6	30.4
Completely bedfast residents.	0	0.0	0.0	2.8
Residents confined to chairs.	32	15.5	12.0	40.9
Residents requiring restraints.	5	2.4	3.0	30.9
Confused or disoriented residents.	54	26.1	29.7	55.4
Residents with bed sores.	1	0.5	0.8	4.8
Residents receiving special skin care.	0	0.0	13.7	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	2	5.7	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	0	0.0	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	0	0.0	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	2.9	26	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	0	0.0	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	0	0.0	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	0	0.0	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	1	2.9	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	1	2.9	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	8.6	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE
DALEVIEW NH

Street Address:		City and State:	
574 FULTON ST		FARMINGDALE, NY 11735	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	142	PROPRIETARY	10/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
141	3	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	133	94.3	87.3	82.0
Dressing				
Residents requiring some or total assistance in dressing.	101	71.6	86.3	84.0
Toileting				
Residents requiring some or total assistance in toileting.	93	66.0	78.4	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	77.3	81.9	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	66.0	72.0	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	19.9	43.8	39.1
Completely bedfast residents.	8	5.7	1.6	3.2
Residents confined to chairs.	72	51.1	57.9	52.3
Residents requiring restraints.	60	42.6	46.4	40.4
Confused or disoriented residents.	83	58.9	62.7	58.6
Residents with bed sores.	13	9.2	7.3	7.6
Residents receiving special skin care.	29	20.6	36.8	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	52	9.0	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	0	0.0	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	0	0.0	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	1	0.2	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	1	0.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	0	0.0	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	55	9.5	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	13	2.2	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	0	0.0	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	0	0.0	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	1	0.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	0	0.0	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	0	0.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	0	0.0	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	0	0.0	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	0	0.0	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	0	0.0	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	0	0.0	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	1	0.2	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	2	0.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	0	0.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	163	28.2	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	0	0.0	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	0	0.0	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	1	0.2	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	0	0.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	0	0.0	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F331

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

PART B

MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT

PROVIDER NUMBER	FACILITY NAME AND ADDRESS (*City, State, Zip Code*)
VENDOR NUMBER	
SURVEY DATE	
SURVEYORS' NAMES	TITLES

APPENDIX

LONG TERM CARE SURVEY

SURVEY TEAM COMPOSITION

F1 Indicate the Number of Surveyors According to Discipline:

A.	Administrator	H.	Life Safety Code Specialist
B.	Nurse	I.	Laboratorian
C.	Dietitian	J.	Sanitarian
D.	Pharmacist	K.	Therapist
E.	Records Administrator	L.	Physician
F.	Social Worker	M.	Psychologist
G.	Qualified Rehabilitation Professional	N.	Other

Note: More than one discipline may be marked for surveyors qualified in multiple disciplines.

F2 Indicate Total Number of Surveyors Onsite: _____

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

PROVIDER NO. _____ | F3 ☐ MEDICARE _____ | F4 ☐ MEDICAID _____ | F5 ☐ OTHER _____ | F6 TOTAL RESIDENTS _____

CODE		
	BATHING	
F7	___	Number of residents requiring assistance in bathing more than one part of body—or does not bathe self.
F8	___	Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely.
F9	___	**TOTAL***
	DRESSING	
F10	___	Number of residents totally dressed by another person.
F11	___	Number of residents needing assistance to dress self or remain partly dressed. (Exclude those residents totally dressed.)
F12	___	Number of residents able to get clothes from closets and drawers-puts on clothes, outer garments, braces-manages fasteners. Act of tying shoes is excluded.
F13	___	**TOTAL***
	TOILETING	
F14	___	Number of residents not toileted. (Use protective padding, catheter.)
F15	___	Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet.
F16	___	Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes.
F17	___	**TOTAL***
	TRANSFERRING	
F18	___	Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers).
F19	___	Number of residents needing assistance in transferring to toilet and tub only.
F20	___	Number of residents able to complete all transfers independently (may or may not be using mechanical supports).
F21	___	**TOTAL***

CODE		
	CONTINENCE	
F22	___	Number of residents with indwelling or external catheters.
F23	___	Number of residents with partial or total incontinence in urination or defecation—partial or total control by suppositories or enemas, regulated use of urinals and/or bedpans.
F24	___	Number of residents with urination and defecation entirely self-controlled.
F25	___	**TOTAL***
	FEEDING	
F26	___	Number of residents who receive enteral/parenteral feedings.
F27	___	Number of residents who receive NG tube feedings.
F28	___	Number of residents who require assistance in act of eating.
F29	___	Number of residents who get food from plate or its equivalent into mouth—(pre-cutting of meat and preparation of food, buttering bread, opening cartons, removing plate covers, etc., are *excluded* from evaluation)
F30	___	**TOTAL***
F31	___	Number of completely bedfast residents.
F32	___	Number of chairbound residents.
F33	___	Number of ambulatory residents (may use cane, walker, or crutches).
F34	___	Number of physically restrained residents (belt, vest, cuffs).
F35	___	Number of residents receiving psychotropic drugs.
F36	___	Number of confused or disoriented residents.
F37	___	Number of residents with decubiti.
F38	___	Number of residents on individually written bowel and bladder retraining program.
F39	___	Number of residents receiving special skin care.
F40	___	Number of residents receiving intravenous therapy and/or blood transfusion.
F41	___	Number of residents requiring no assistance in ADLs.
F42	___	Number of residents on self-administration of drugs.
F43	___	Number of resident with contractures.
F44	___	Number of residents receiving respiratory care.
F45	___	Number of residents receiving tracheostomy care.
F46	___	Number of residents receiving suctioning.
F47	___	Number of residents receiving rehabilitative services (physical therapy, speech pathology and audiology, occupational therapy).
F48	___	Number of residents receiving injections.
F49	___	Number of residents receiving colostomy care.

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	GOVERNING BODY *(CONDITION OF PARTICIPATION)*				
F50	SNF (405.1121) ☐ MET ☐ NOT MET				
	RESIDENT RIGHTS				
F51	SNF (405.1121(k)) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for SNFs**				
F52	ICF (442.311) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for ICFs**				
	A. Information				
F53	1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities.				
F54	2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.				
F55	3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.				
F56	4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.				
F57	5. The resident must be informed in writing of all services and charges for services.				
F58	6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.				
F59	7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Medical Condition and Treatment				
F60	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.				
F61	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.				
F62	3. Each resident is given an opportunity to refuse treatment.				
F63	4. Each resident gives informed, written consent before participating in experimental research.				
F64	5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.				
	C. **Transfer and Discharge** Each resident is transferred or discharged only for:				
F65	1. Medical reasons.				
F66	2. His/her welfare or that of other residents.				
F67	3. Nonpayment except as prohibited by the Medicare or Medicaid program.				
F68	4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge. **Exception: Not required for ICF residents.**				
	D. **Exercising Rights**				
F69	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.				
F70	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F71	3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				
F72	E. **Financial Affairs** 1. Residents are allowed to manage their own personal financial affairs.				
F73	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.				
F74	3. The facility does not commingle resident funds with any other funds.				
F75	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.				
F76	5. The facility system of accounting includes written receipts for: All personal possessions and funds received by or deposited with the facility.				
F77	All disbursements made to or for the resident.				
F78	6. The financial record must be available to the resident and his/her family.				
F79	F. **Freedom from Abuse and Restraints** 1. Each resident is free from mental and physical abuse.				
F80	2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F81	3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.				
F82	4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
F83	5. The emergency use is reported promptly to the resident's physician by the staff member.				
	G. **Privacy**				
F84	1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
F85	2. Each resident is given privacy during treatment and care of personal needs.				
F86	3. Each resident's records, including information in an automated data bank, are treated confidentially.				
F87	4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
F88	5. Married residents are given privacy during visits by their spouses.				
F89	6. Married residents are permitted to share a room.				
	H. **Work**				
F90	No resident may be required to perform services for the facility.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	I. **Freedom of Association and Correspondence**				
F91	1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.				
F92	2. Each resident is allowed to send and receive personal mail unopened.				
	J. **Activities**				
F93	Each resident is allowed to participate in social, religious, and community group activities.				
	K. **Personal Possessions**				
F94	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.				
	L. **Delegation of Rights and Responsibilities**				
F95	ICF (442.312) (Standard) ☐ MET ☐ NOT MET				
F96	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities.				
F97	2. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	STAFF DEVELOPMENT				
F98	SNF (405.1121(h)) (Standard) ☐ MET ☐ NOT MET				
F99	ICF (442.314) (Standard) ☐ MET ☐ NOT MET				
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled.				
F101	2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled.				
F102	3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.				
	STATUS CHANGE NOTIFICATIONS				
F103	SNF (405.1121(j)) (Standard) ☐ MET ☐ NOT MET				
F104	ICF (442.307) (Standard) ☐ MET ☐ NOT MET				
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters.				
F106	2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICIANS' SERVICES *(CONDITION OF PARTICIPATION)*				
F107	SNF (405.1123) ☐ MET ☐ NOT MET				
	A. Medical Findings and Orders at Time of Admission				
F108	SNF (405.1123(a)) (Standard) ☐ MET ☐ NOT MET				
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.				
F110	2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Resident Supervision by Physician				
F111	SNF (405.1123(b)) (Standard) ☐ MET ☐ NOT MET				
F112	ICF (442.346) (Standard) ☐ MET ☐ NOT MET **Indicators B and C apply to this standard for ICFs**				
F113	1. Every resident must be under the supervision of a physician.				
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs. **Exception: Not required for ICF residents**				
F115	3. A physician is available to provide care in the absence of any resident's attending physician.				
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission. **Exception: Not required for ICF residents.**				
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission. **Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.**				
F118	6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary. **Exception: Only medications must be reviewed quarterly for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES/NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.				
F120	8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules. **Exception: Not required for ICF residents.**				
F121	C. **Emergency Services** SNF (405.1123(c)) (Standard) ☐ MET ☐ NOT MET				
F122	Emergency services from a physician are available and provided to each resident who requires emergency care.				
	NURSING SERVICES *(CONDITION OF PARTICIPATION)*				
F123	SNF (405.1124) ☐ MET ☐ NOT MET				
F124	SNF (405.1124(c)) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for SNFs.**				
F125	ICF (442.338) ☐ MET ☐ NOT MET **Indicators A thru E apply to this standard for ICFs except where noted.**				
F126	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day. 1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity.				
F128	3. Each resident receives care necessary to prevent skin breakdown.				
F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.				
F130	5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours.				
F131	6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.				
F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.				
F133	8. Each resident receives proper care for the following needs: Injections Parenteral Fluids Colostomy/Ileostomy Respiratory Care Tracheostomy Care Suctioning Tube Feeding				
F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F135	10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents.				
F136	11. Adequate resident care supplies are available for providing treatments.				
	B. **Twenty-Four Hour Nursing Service**				
F137	1. Nursing personnel,including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load. **Exception: Not required for ICFs.**				
F138	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. (If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.) **Exception: Not required for Freestanding ICFs.**				
F139	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.				
F140	4. There is a registered nurse on the day tour of duty 7 days a week. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Charge Nurse				
F141	SNF (405.1124(b)) (Standard) ☐ MET ☐ NOT MET				
F142	1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty. **Exception: Not required for ICFs.**				
F143	2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. **Exception: Not required for ICFs.**				
F144	3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift. **Exception: Not required for SNFs.**				

NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F145																					
	Entire Facility	F146																					
EVENING	DP	F147																					
	Entire Facility	F148																					
NIGHT	DP	F149																					
	Entire Facility	F150																					

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP																						
	Entire Facility																						
EVENING	DP																						
	Entire Facility																						
NIGHT	DP																						
	Entire Facility																						

NAME OF FACILITY

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F151																					
	Entire Facility	F152																					
EVENING	DP	F153																					
	Entire Facility	F154																					
NIGHT	DP	F155																					
	Entire Facility	F156																					

STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)

ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

	CODE		RN	PN	A
DAY	F157	REPORT			
	F158	ACTUAL			
EVENING	F159	REPORT			
	F160	ACTUAL			
NIGHT	F161	REPORT			
	F162	ACTUAL			

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

	CODE	Unit			Unit			Unit			Unit			Unit			Unit			Unit		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	F163																					
EVENING	F164																					
NIGHT	F165																					
CENSUS	F166																					

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Patient Care Management				
F167	SNF (405.1124(d)) (Standard) ☐ MET ☐ NOT MET				
F168	ICF (442.341) (Standard) ☐ MET ☐ NOT MET				
F169	1. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission.				
F170	2. Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner.				
	E. Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.				
F171	SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET				
F172	ICF (442.342) (Standard) ☐ MET ☐ NOT MET				
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures.				
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include;				
F175	(a) Range of motion, ambulation, turning and positioning and other activities;				
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;				
F177	(c) Remotivation therapy and/or reality orientation when appropriate.				
F178	3. These activities are coordinated with other resident care services.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents.				
F179	SNF (405.1124(f)) (Standard) ☐ MET ☐ NOT MET				
F180	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged.				
F181	2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.				
F182	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Administration of Drugs				
F183	SNF (405.1124(g)) (Standard) ☐ MET ☐ NOT MET				
F184	ICF (442.337) (Standard) ☐ MET ☐ NOT MET				
F185	1. The resident is identified prior to administration of a drug.				
F186	2. Drugs and biologicals are administered as soon as possible after doses are prepared.				
F187	3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems.				
F188	**Exception: ICF residents may self administer medication only with their physician's permission.**				
	H. Conformance with Physician Drug Orders				
F189	SNF (405.1124(h)) (Standard) ☐ MET ☐ NOT MET				
F190	ICF (442.334) (Standard) ☐ MET ☐ NOT MET				
F191	Drugs are administered in accordance with written orders of the attending physician.				
F192	Drug Error Rate _____% (See Form HCFA-522)				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	DIETETIC SERVICES *(CONDITION OF PARTICIPATION)*				
F193	SNF (405.1125) ☐ MET ☐ NOT MET				
F194	ICF (442.332) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for ICFs.				
	A. **Menus and Nutritional Adequacy**				
F195	SNF (405.1125(b)) (Standard) ☐ MET ☐ NOT MET				
F196	Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.				
	B. **Therapeutic Diets**				
F197	SNF (405.1125(c)) (Standard) ☐ MET ☐ NOT MET				
F198	1. Therapeutic diets are prescribed by the attending physician.				
F199	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.				
F200	Number of Regular Diets_____				
F201	Number of Therapeutic Diets_____				
F202	Number of Mechanically Altered Diets _____				
F203	Number of Tube Feedings_____				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Preparation				
F204	SNF (405.1125(e)) (Standard) ☐ MET ☐ NOT MET				
F205	1. Food is prepared by methods that conserve its nutritive value and flavor.				
F206	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.				
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.				
	D. Frequency				
F208	SNF (405.1125(d)) (Standard) ☐ MET ☐ NOT MET				
F209	ICF (442.331) (Standard) ☐ MET ☐ NOT MET				
F210	1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.				
F211	2. To the extent medically possible, bedtime nourishments are offered to all residents. **Exception: Not required for ICF Residents.**				
	E. Staffing				
F212	SNF (405.1125.(a)) (Standard) ☐ MET ☐ NOT MET				
F213	1. Food service personnel are on duty daily over a period of 12 or more hours.				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	SPECIALIZED REHABILITATIVE SERVICES *(CONDITION OF PARTICIPATION)*				
F214	SNF (405.1126) ☐ MET ☐ NOT MET				
F215	SNF (405.1126(b)) (Standard) ☐ MET ☐ NOT MET				
F216	ICF (442.343) (Standard) ☐ MET ☐ NOT MET				
	A. **Plan of Care**				
F217	Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.				
	B. **Therapy**				
F218	Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.				
	C. **Progress**				
F219	1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. **Exception: ICF resident's progress must be reviewed regularly.**				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. **Exceptions: ICF residents' plans must be revised as necessary.**				
	PHARMACEUTICAL SERVICES *(CONDITION OF PARTICIPATION)*				
F221	SNF (405.1127) ☐ MET ☐ NOT MET				
	A. **Supervision**				
F222	SNF (405.1127(a)) (Standard) ☐ MET ☐ NOT MET				
F223	ICF (442.336) (Standard) ☐ MET ☐ NOT MET				
F224	The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator.				

NAME OF FACILITY

CODE	PHARMACEUTICAL SERVICES LABORATORY AND RADIOLOGIC SERVICES/SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Labeling of Drugs and Biologicals				
F225	SNF (405.1127(c)) (Standard) ☐ MET ☐ NOT MET				
F226	ICF (442.333) (Standard) ☐ MET ☐ NOT MET				
F227	The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessary and cautionary instructions as well as an expiration date when applicable.				
	LABORATORY AND RADIOLOGIC SERVICES *(CONDITION OF PARTICIPATION)*				
F228	SNF (405.1128) ☐ MET ☐ NOT MET				
F229	SNF (405.1128(a)) (Standard) ☐ MET ☐ NOT MET				
	Provision of Services				
F230	1. All services are provided only on the orders of a physician.				
F231	2. The attending physician is notified promptly of diagnostic findings.				
F232	3. Signed and dated reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record.				

NAME OF FACILITY

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
	SOCIAL SERVICES *(CONDITION OF PARTICIPATION)*				
F233	SNF (405.1130) ☐ MET ☐ NOT MET				
F234	SNF (405.1130(a)) (Standard) ☐ MET ☐ NOT MET				
F235	ICF (442.344) (Standard) ☐ MET ☐ NOT MET				
	A. **Plan**				
F236	The medically related social and emotional needs of the resident are identified.				
	B. **Provision of Services**				
F237	Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				
F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.				
	ACTIVITIES *(CONDITION OF PARTICIPATION)*				
F239	SNF(405.1131) ☐ MET ☐ NOT MET				
	Provision of Services				
F240	SNF (405.1131(b)) (Standard) ☐ MET ☐ NOT MET				

NAME OF FACILITY

CODE	ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
F241	ICF (442.345) (Standard) ☐ MET ☐ NOT MET				
F242	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.				
F243	2. Unless contraindicated by the attending physicians each resident is encouraged to participate in the activities program.				
F244	3. The activities promote the physical, social and mental well-being of the resident.				
F245	4. Equipment is maintained in good working order.				
F246	5. Supplies and equipment are available.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	MEDICAL RECORDS *(CONDITION OF PARTICIPATION)*				
F247	SNF (405.1132) ☐ MET ☐ NOT MET				
	Content				
F248	SNF (405.1132(c)) (Standard) ☐ MET ☐ NOT MET				
F249	ICF (442.318) (Standard) ☐ MET ☐ NOT MET				
F250	1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	2. The medical record contains the following information:				
F251	a. Identification information				
F252	b. Admission data including past medical and social history				
F253	c. Transfer form, discharge summary from any transferring facility				
F254	d. Report of resident's attending physician				
F255	e. Report of physical examinations				
F256	f. Reports of physicians' periodic evaluations and progress notes				
F257	g. Diagnostic reports and therapeutic orders				
F258	h. Reports of treatments				
F259	i. Medications administered				
F260	j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.				
F261	k. Assessments and goals of each service's plan of care				
F262	l. Treatments and services rendered				
F263	m. Progress notes				
F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.				

NAME OF FACILITY

CODE	TRANSFER AGREEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	TRANSFER AGREEMENT *(CONDITION OF PARTICIPATION)*				
F265	SNF (405.1133) ☐ MET ☐ NOT MET				
F266	SNF (405.1133(a)) (Standard) ☐ MET ☐ NOT MET				
F267	ICF (442.316) (Standard) ☐ MET ☐ NOT MET				
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner.				
F269	B. Information necessary for providing care and treatment to transferred individuals is provided.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICAL ENVIRONMENT *(CONDITION OF PARTICIPATION)*				
F270	SNF (405.1134) ☐ MET ☐ NOT MET				
	A. Nursing Unit				
F271	SNF (405.1134(d)) (Standard) ☐ MET ☐ NOT MET				
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.				
F273	2. Utility and storage rooms are adequate in size.				
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.				
	B. Dining and Activities Area				
F275	SNF (405.1134(g)) (Standard) ☐ MET ☐ NOT MET				
F276	ICF (442.329) (Standard) ☐ MET ☐ NOT MET				
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities.				
F278	2. Dining and activity rooms are well lighted and ventilated.				
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F280	SNF (405.1134(e)) (Standard) ☐ MET ☐ NOT MET **Indicators C and D apply to this standard for SNFS.**				
	C. Resident Rooms				
F281	ICF (442.325) (Standard) ☐ MET ☐ NOT MET				
F282	1. Single resident rooms have at least 100 square feet.				
F283	2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident.				
F284	3. Each room is equipped with or conveniently located near toilet and bathing facilities.				
F285	4. There is capability of maintaining privacy in each.				
F286	5. There is adequate storage space for each resident.				
F287	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.				
F288	7. The resident call system functions in resident rooms.				
F289	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.				
F290	9. Each room is at or above grade level.				
F291	10. Each room has direct access to a corridor and outside exposure. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Toilet and Bath Facilities				
F292	ICF (442.326) (Standard) ☐ MET ☐ NOT MET				
F293	1. Facilities are clean, sanitary and free of odors.				
F294	2. Facilities have safe and comfortable hot water temperatures.				
F295	3. Facilities maintain privacy.				
F296	4. Facilities have grab bars and other safeguards against slipping.				
F297	5. Facilities have fixtures in good condition.				
F298	6. The resident call system functions in toilet and bath facilities.				
	E. Social Service Area				
F299	SNF (405.1130(b)) (Standard) ☐ MET ☐ NOT MET				
F300	1. Ensures privacy for social service interviewing.				
F301	2. Adequate space for clerical and interviewing functions is provided.				
F302	3. Facilities are easily accessible to residents and staff.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Therapy Areas				
F303	SNF (405.1126(a)) (Standard) ☐ MET ☐ NOT MET				
F304	ICF (442.328(a)) ☐ MET ☐ NOT MET				
F305	1. Space is adequate for proper use of equipment by all residents receiving treatments.				
F306	2. Equipment is safe and in proper working condition.				
	G. Facilities for Special Care				
F307	SNF (405.1134(f)) (Standard) ☐ MET ☐ NOT MET				
F308	ICF (442.328(b)) ☐ MET ☐ NOT MET				
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents.				
F310	2. Precautionary signs are used to identify these rooms when in use.				
	H. Common Resident Areas				
F311	SNF (405.1134(j)) (Standard) ☐ MET ☐ NOT MET				
F312	ICF (442.324) (Standard) ☐ MET ☐ NOT MET				
F313	1. All common resident areas are clean, sanitary and free of odors.				
F314	2. Provision is made for adequate and comfortable lighting levels in all areas.				
F315	3. There is limitation of sounds at comfort levels.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F316	4. A comfortable room temperature is maintained.				
F317	5. There is adequate ventilation through windows or mechanical means or a combination of both.				
F318	6. Corridors are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				
	I. Maintenance of Building and Equipment				
F320	SNF (405.1134(i)) (Standard) ☐ MET ☐ NOT MET				
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
F324	4. Resident care equipment is clean and maintained in safe operating condition.				
F325	ICF (442.331(b)) ☐ MET ☐ NOT MET **Indicators J thru L apply to ICFs.**				
	J. Dietetic Service Area				
F326	SNF (405.1134(h)) (Standard) ☐ MET ☐ NOT MET				
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents.				
F328	2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT/INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
F329	**K. Hygiene of Dietary Staff** SNF (405.1125(f)) (Standard) ☐ MET ☐ NOT MET				
F330	1. Dietetic service personnel practice hygienic food handling techniques.				
F331	**L. Dietary Sanitary Conditions** SNF (405.1125(g)) (Standard) ☐ MET ☐ NOT MET				
F332	1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.				
F333	2. Waste is disposed of properly.				
F334	**M. Emergency Power** SNF (405.1134(b)) (Standard) ☐ MET ☐ NOT MET				
F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.				
F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.				
F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.				
F338	**INFECTION CONTROL *(CONDITION OF PARTICIPATION)*** SNF (405.1135) ☐ MET ☐ NOT MET				
F339	**A. Infection Control** SNF (405.1135(b)) (Standard) ☐ MET ☐ NOT MET				
F340	Aseptic and isolation techniques are followed by all personnel.				

NAME OF FACILITY

CODE	INFECTION CONTROL/DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F341	**B. Sanitation** SNF (405.1135(c)) (Standard) ☐ MET ☐ NOT MET				
F342	The facility maintains a safe, clean, and orderly interior.				
F343	**C. Linen** SNF (405.1135(d) (Standard) ☐ MET ☐ NOT MET				
F344	ICF (442.327) (Standard) ☐ MET ☐ NOT MET				
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.				
F346	2. Linens are handled; stored, processed, and transported in such a manner as to prevent the spread of infection.				
F347	**D. Pest Control** SNF (405.1135(e)) (Standard) ☐ MET ☐ NOT MET				
F348	ICF (442.315(c)) (Standard) ☐ MET ☐ NOT MET				
F349	1. The facility is maintained free from insects and rodents.				
F350	**DISASTER PREPAREDNESS *(CONDITION OF PARTICIPATION)*** SNF (405.1136) ☐ MET ☐ NOT MET				
F351	SNF (405.1136(a)) (Standard) ☐ MET ☐ NOT MET				
F352	ICF (442.313) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for ICFs.**				
F353	**A. Disaster Plan** 1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.				

NAME OF FACILITY

CODE	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F354	2. Facility staff are knowledgeable about evacuation routes.				
F355	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.				
F356	4. Facility staff are aware of methods of containing fire.				
	B. Drills				
F357	SNF (405.1136(b)) (Standard) ☐ MET ☐ NOT MET				
F358	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.				
F359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.				

S41

SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY

SURVEY REPORT — PART B
CRUCIAL DATA EXTRACT
(To be used with 7-88 Revision of Form HCFA-519)

PROVIDER NO.	FACILITY NAME	SURVEY DATE

SURVEY TEAM COMPOSITION

*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

A.	_____	ADMINISTRATOR	H.	_____	LIFE SAFETY CODE SPECIALIST
B.	_____	NURSE	I.	_____	LABORATORIAN
C.	_____	DIETITIAN	J.	_____	SANITARIAN
D.	_____	PHARMACIST	K.	_____	THERAPIST
E.	_____	RECORDS ADMINISTRATOR	L.	_____	PHYSICIAN
F.	_____	SOCIAL WORKER	M.	_____	PSYCHOLOGIST
G.	_____	QUALIFIED MENTAL RETARDATION PROFESSIONAL	N.	_____	OTHER

NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: ____

*F193: DRUG ERROR RATE: _____% (Round % to nearest whole number.)

*SF5 Survey Form Indicator (Check one)

Traditional Survey (1) ☐ New LTC Survey (2) ☐

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.

*Mandatory

Form HCFA-519E (7-88)
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